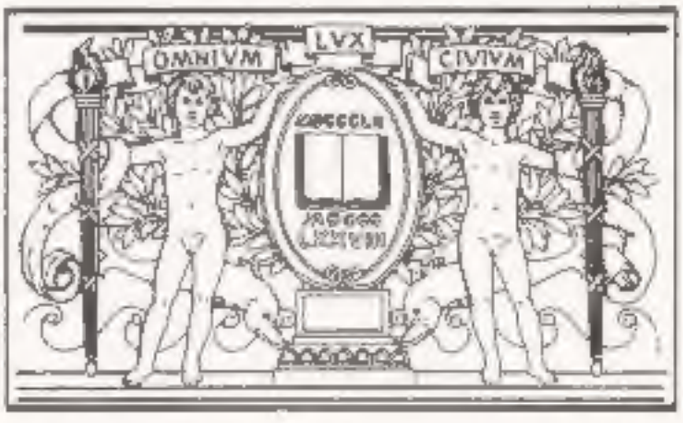

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OF SIGMUND FREUD

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VOLUME XII

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Edmund Engleman

FREUD'S CONSULTING ROOM IN VIENNA

THE STANDARD EDITION
OF THE COMPLETE PSYCHOLOGICAL WORKS OF

SIGMUND FREUD

Translated from the German under the General Editorship of

JAMES STRACHEY

In Collaboration with

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Assisted by

ALIX STRACHEY and ALAN TYSON

VOLUME XII

(1911–1913)

The Case of Schreber
Papers on Technique
and
Other Works

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FRONTISPIECE Freud's Consulting-Room in Vienna

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PSYCHO-ANALYTIC NOTES ON AN AUTOBIOGRAPHICAL ACCOUNT OF A CASE OF PARANOIA (DEMENTIA PARANOIDES)

(1911)

EDITOR'S NOTE

PSYCHOANALYTISCHE BEMERKUNGEN ÜBER EINEN AUTOBIOGRAPHISCH BESCHRIEBENEN FALL VON PARANOIA (DEMENTIA PARANOIDES)

(*a*) GERMAN EDITIONS:

1911 *Jb. psychoan. psychopath. Forsch.*, **3** (1), 9–68.
1913 *S.K.S.N.*, **3**, 198–266.
1924 *G.S.*, **8**, 355–431.
1932 *Vier Krankengeschichten*, 377–460.
1943 *G.W.*, **8**, 240–316.

1912 'Nachtrag zu dem autobiographisch beschriebenen Fall von Paranoia (Dementia paranoides)', *Jb psychoan. psychopath. Forsch.*, **3** (2), 588–90.
1913 *S.K.S.N.*, **3**, 267–70.
1924 *G.S.*, **8**, 432–5.
1932 *Vier Krankengeschichten*, 460–3.
1943 *G.W.*, **8**, 317–20.

(*b*) ENGLISH TRANSLATION:

'Psycho-Analytic Notes upon an Autobiographical Account of a Case of Paranoia (Dementia Paranoides)'

1925 *C.P.*, **3**, 387–466. '"Postscript" to the Case of Paranoia', ibid., 467–70. (Tr. Alix and James Strachey.)

The present translation is a re-issue, with a number of corrections and additional notes, of the one published in 1925.

Schreber's *Memoirs* were published in 1903; but, though they had been widely discussed in psychiatric circles, they seem not to have attracted Freud's attention till the summer of 1910. He is known to have talked of them, and of the whole question of paranoia, during his Sicilian tour with Ferenczi in September of that year. On his return to Vienna he began writing his paper, and letters dated December 16 to both Abraham and Ferenczi announced its completion. It seems not to have been published till the summer of 1911. The 'Postscript' was read

before the Third International Psycho-Analytical Congress (held at Weimar) on September 22, 1911, and was published at the beginning of the next year.

Freud had attacked the problem of paranoia at a very early stage of his researches into psychopathology. On January 24, 1895, some months before the publication of the *Studies on Hysteria*, he sent Fliess a long memorandum on the subject (Freud, 1950*a*, Draft H). This included a short case history and a theoretical discussion which aimed at establishing two main points: that paranoia is a neurosis of *defence* and that its chief mechanism is *projection*. Almost a year later (on January 1, 1896) he sent Fliess another, much shorter, note on paranoia; this formed part of a general account of the 'neuroses of defence' (ibid., Draft K), which he soon afterwards expanded into his second published paper bearing that title (1896*b*). In its published form, Section III of this paper included another and longer case history and was headed: 'Analysis of a Case of Chronic Paranoia' a case for which Freud (in a footnote added nearly twenty years later) preferred the amended diagnosis of 'dementia paranoides'. As regards theory, this paper of 1896 added little to his earlier suggestions; but in a letter to Fliess not very long afterwards (December 9, 1899, Freud, 1950*a*, Letter 125) a somewhat cryptic paragraph occurs, which gives a hint of Freud's later views, including a suggestion that paranoia involves a return to an early auto-erotism. It will be found quoted in full in the Editor's Note to the paper on 'The Disposition to Obsessional Neurosis' in connection with the problem of 'choice of neurosis'. (See below, p. 314 f.)

Between the date of this last passage and the publication of the Schreber case history more than ten years elapsed with scarcely a mention of paranoia in Freud's published writings. We learn from Ernest Jones (1955, 281), however, that on November 21, 1906, he presented a case of female paranoia before the Vienna Psycho-Analytical Society. At that date he had apparently not yet arrived at what was to be his main generalization on the subject — namely, the connection between paranoia and repressed passive homosexuality. Nevertheless, only a little over a year later he was putting forward that hypothesis in letters to Jung (January 27, 1908) and Ferenczi (February 11, 1908), and was asking for and receiving their

confirmation of it. More than three more years elapsed before the Schreber memoirs offered him the opportunity of publishing his theory for the first time and of supporting it by a detailed account of his analysis of the unconscious processes at work in paranoia.

There are a number of references to that disease in Freud's later writings. The more important of these were his paper on 'A Case of Paranoia Running Counter to the Psycho-Analytic Theory of the Disease' (1915*f*) and Section B of 'Some Neurotic Mechanisms in Jealousy, Paranoia and Homosexuality' (1922*b*). In addition, 'A Seventeenth Century Demonological Neurosis' (1923*d*) includes some discussion of the Schreber case, though the neurosis which is the subject of the paper is nowhere described by Freud as paranoia. In none of these later writings is there any essential modification of the views on paranoia expressed in the present work.

The importance of the Schreber analysis, however, is by no means restricted to the light it throws on the problems of paranoia. Its third section, in particular, was, together with the simultaneously published short paper on the two principles of mental functioning (1911*b*), p. 218 below, in many ways a forerunner of the metapsychological papers on which Freud embarked three or four years later. A number of subjects are touched upon which were to be discussed afterwards at greater length. Thus, the remarks on narcissism (p. 60 f.) were preliminary to the paper devoted to that subject (1914*c*), the account of the mechanism of repression (p. 66 ff.) was to be taken up again in the course of a few years (1915*d*), and the discussion of the instincts (p. 74) was feeling its way towards the more elaborate one in 'Instincts and their Vicissitudes' (1915*c*). The paragraph on projection (p. 66, on the other hand was not, in spite of its promise, to find any sequel. Each of the two topics discussed in the later part of the paper, however—the various causes of the onset of neurosis (including the concept of 'frustration') and the part played by successive 'points of fixation'—was to be dealt with before long in a separate paper (1912*c* and 1913*i*). Finally, in the postscript we find Freud's first brief excursion into the field of mythology and his first mention of totems, which were beginning to occupy his thoughts and which were to give the title to one of his principal works (1912–13).

As Freud tells us (p. 46, *n.* 1), his case history makes use of only

a single fact (Schreber's age at the time he fell ill) that was not contained in the *Memoirs*. We now possess, thanks to a paper written by Dr. Franz Baumeyer (1956), a quantity of additional information. Dr. Baumeyer was for some years (1946-9) in charge of a hospital near Dresden where he found a quantity of the original case records of Schreber's successive illnesses. He has summarized these records and quoted many of them in full. In addition to this he has collected a large number of facts concerning Schreber's family history and antecedents. Where any of this material seems to be directly relevant to Freud's paper, it will be found mentioned in the footnotes. Here it is only necessary to report the sequel to the history narrated in the *Memoirs*. After his discharge at the end of 1902, Schreber seems to have carried on an outwardly normal existence for some years. Then, in November, 1907, his wife had a stroke (though she lived until 1912). This seems to have precipitated a fresh onset of his illness, and he was re-admitted—this time to an asylum in the Dosen district of Leipzig—a fortnight later.[1] He remained there in an extremely disordered and largely inaccessible state until his death, after gradual physical deterioration, in the spring of 1911 only a short time before the publication of Freud's paper. The following chronological table, based on data derived partly from the *Memoirs* and partly from Baumeyer's material, may make the details in Freud's discussion easier to disentangle.

1842 July 25. Daniel Paul Schreber born at Leipzig.
1861 November. Father died, aged 53.
1877 Elder brother (3 years his senior) died, aged 38.
1878 Married.

First Illness

1884 Autumn. Stood as candidate for the Reichstag.[2]

[1] It appears from a letter to Princess Marie Bonaparte, written by Freud on September 13, 1926, and published in part in the third volume of Ernest Jones's biography (1957, 477,, that he had been informed of this relapse and its occasion (among other things) through a Dr. Stegmann, though he made no mention of it in his paper. See footnotes on pp. 46 and 51 below.

[2] At this time Schreber was already filling an important judicial office, as judge presiding over the Landgericht (a court of inferior jurisdiction) at Chemnitz. After recovering from his first illness he occupied a similar position in the Landgericht in Leipzig. Just before his second illness he was appointed Presiding Judge over a Division of the Saxon Appeal Court in Dresden.

1884 October. For some weeks in Sonnenstein Asylum.
December 8. Leipzig Psychiatric Clinic.
1885 June 1. Discharged.
1886 January 1. Took up appointment in Leipzig Landgericht.

Second Illness

1893 June. Informed of approaching appointment to Appeal Court.
October 1. Took up appointment as Presiding Judge.
November 21. Re-admitted to Leipzig Clinic.
1894 June 14. Transferred to Lindenhof Asylum.
June 29. Transferred to Sonnenstein Asylum.
1900–1902. Wrote *Memoirs* and took legal action for his discharge.
1902 July 14. Court judgement of discharge.
December 20. Discharged.
1903 *Memoirs* published.

Third Illness

1907 May. Mother died, aged 92.
November 14. Wife had stroke. Fell ill immediately afterwards.
November 27. Admitted to Asylum at Leipzig-Dösen.
1911 April 14. Died.
1912 May. Wife died, aged 54.

A note on the three mental hospitals referred to in various ways in the text may also be of help.

(1) Psychiatric Clinic (In-patient department) of the University of Leipzig. Director: Professor Flechsig.

(2) Schloss Sonnenstein. Saxon State Asylum at Pirna on the Elbe, 10 miles above Dresden. Director: Dr. G. Weber.

(3) Lindenhof Private Asylum. Near Coswig, 11 miles N.W. of Dresden. Director: Dr. Pierson.

An English translation of the *Denkwürdigkeiten* by Dr. Ida Macalpine and Dr. Richard A. Hunter was published in 1955 (London: William Dawson). For various reasons, some of which will be obvious to anyone comparing their version with ours, it has not been possible to make use of it for the many quotations from Schreber's book which occur in the case history.

There are clearly special difficulties in translating the productions of schizophrenics, in which words, as Freud himself pointed out in his paper on 'The Unconscious' (*Standard Ed.*, **14**, 197 ff.), play such a dominating part. Here the translator is faced by the same problems that meet him so often in dreams, slips of the tongue and jokes. In all these cases the method adopted in the *Standard Edition* is the pedestrian one of where necessary giving the original German words in footnotes and endeavouring by means of explanatory comments to allow an English reader some opportunity of forming an opinion of his own on the material. At the same time, it would be misleading to disregard outward forms entirely and to present through a purely literal translation an uncouth picture of Schreber's style. One of the remarkable features of the original is the contrast it perpetually offers between the involved and elaborate sentences of official academic nineteenth-century German and the *outré* extravagances of the psychotic events which they describe.

Throughout this paper figures in brackets with no preceding 'p.' are page references to the original German edition of Schreber's memoirs *Denkwürdigkeiten eines Nervenkranken*, Leipzig, Oswald Mutze. Figures in brackets *with* a preceding 'p.' are as always in the *Standard Edition*, references to pages in the present volume.

PSYCHO-ANALYTIC NOTES ON AN AUTOBIOGRAPHICAL ACCOUNT OF A CASE OF PARANOIA (DEMENTIA PARANOIDES)

[INTRODUCTION]

THE analytic investigation of paranoia presents difficulties of a peculiar nature to physicians who, like myself, are not attached to public institutions. We cannot accept patients suffering from this complaint, or, at all events, we cannot keep them for long, since we cannot offer treatment unless there is some prospect of therapeutic success. It is only in exceptional circumstances, therefore, that I succeed in getting more than a superficial view of the structure of paranoia—when, for instance, the diagnosis (which is not always an easy matter) is uncertain enough to justify an attempt at influencing the patient, or when, in spite of an assured diagnosis, I yield to the entreaties of the patient's relatives and undertake to treat him for a time. Apart from this, of course, I see plenty of cases of paranoia and of dementia praecox, and I learn as much about them as other psychiatrists do about their cases; but that is not enough, as a rule, to lead to any analytic conclusions.

The psycho-analytic investigation of paranoia would be altogether impossible if the patients themselves did not possess the peculiarity of betraying (in a distorted form, it is true) precisely those things which other neurotics keep hidden as a secret. Since paranoics cannot be compelled to overcome their internal resistances, and since in any case they only say what they choose to say, it follows that this is precisely a disorder in which a written report or a printed case history can take the place of personal acquaintance with the patient. For this reason I think it is legitimate to base analytic interpretations upon the case history of a patient suffering from paranoia (or, more precisely, from dementia paranoides) whom I have never seen, but who has written his own case history and brought it before the public in print.

I refer to Dr. jur. Daniel Paul Schreber, formerly Senatspräsident in Dresden,[1] whose book, *Denkwurdigkeiten eines Nervenkranken* [*Memoirs of a Nerve Patient*], was published in 1903, and, if I am rightly informed, aroused considerable interest among psychiatrists. It is possible that Dr. Schreber may still be living to-day and that he may have dissociated himself so far from the delusional system which he put forward in 1903 as to be pained by these notes upon his book.[2] In so far, however, as he still retains his identity with his former personality, I can rely upon the arguments with which he himself—'a man of superior mental gifts and endowed with an unusual keenness alike of intellect and of observation'[3]—countered the efforts that were made to restrain him from publishing his memoirs: 'I have been at no pains', he writes, 'to close my eyes to the difficulties that would appear to lie in the path of publication, and in particular to the problem of paying due regard to the susceptibilities of certain persons still living. On the other hand, I am of opinion that it might well be to the advantage both of science and of the recognition of religious truths if, during my life-time, qualified authorities were enabled to undertake some examination of my body and to hold some enquiry into my personal experiences. To this consideration all feelings of a personal character must yield.'[4] He declares in another passage that he has decided to keep to his intention of publishing the book, even if the consequence were to be that his physician, Geheimrat Dr. Flechsig of Leipzig,[5] brought an action against him. He urges upon Dr. Flechsig, however, the same considerations that I am now urging upon him himself. 'I trust', he says, 'that even in the case of Geheimrat Prof. Dr. Flechsig any personal susceptibilities that he may feel will be outweighed by a scientific interest in the subject-matter of my memoirs.' (446.)[6]

[1] [A Senatspräsident in an Oberlandesgericht is the Judge presiding over a Division of an Appeal Court.]

[2] [Schreber in fact died on April 14, 1911, a few months after Freud wrote this case history (see p. 3).]

[3] This piece of self-portraiture, which is certainly not unjustified, will be found on page 35 of his book.

[4] Preface, iii. [Cf. end of footnote, p. 32]

[5] [Paul Emil Flechsig (1847–1929), Professor of Psychiatry at Leipzig from 1877 to 1921, was celebrated for his work in neuro-anatomy.]

[6] [A note on the system of page references adopted in the translation of the present paper will be found at the end of the Editor's Note, p. 8 above.]

Though all the passages from the *Denkwurdigkeiten* upon which my interpretations are based will be quoted verbatim in the following pages, I would ask my readers to make themselves acquainted with the book by reading it through at least once beforehand.

I

CASE HISTORY

'I HAVE suffered twice from nervous disorders', writes Dr. Schreber, 'and each time as a result of mental overstrain. This was due on the first occasion to my standing as a candidate for election to the Reichstag while I was Landgerichtsdirektor[1] at Chemnitz, and on the second occasion to the very heavy burden of work that fell upon my shoulders when I entered on my new duties as Senatsprasident in the Oberlandesgericht in Dresden.' (34.)

Dr. Schreber's first illness began in the autumn of 1884, and by the end of 1885 he had completely recovered. During this period he spent six months in Flechsig's clinic, and the latter, in a formal report which he drew up at a later date, described the disorder as an attack of severe hypochondria [379]. Dr. Schreber assures us that this illness ran its course 'without the occurrence of any incidents bordering upon the sphere of the supernatural'. (35.)

Neither the patient's own account, nor the reports of the physicians which are reprinted at the end of his book,[2] tell us enough about his previous history or his personal circumstances. I am not even in a position to give the patient's age at the time of his illness,[3] though the high judicial position which he had attained before his second illness establishes some sort of lower limit. We learn that Dr. Schreber had been married long before the time of his 'hypochondria'. 'The gratitude of my wife', he writes, 'was perhaps even more heartfelt; for she revered Professor Flechsig as the man who had restored her husband to her, and hence it was that for years she kept his portrait standing upon her writing table.' (36.) And in the same place: 'After my recovery from my first illness I spent eight years with my wife—

[1] [Judge presiding over an inferior Court.]

[2] [The Appendices to Schreber's book, covering nearly 140 pages, include three medico-legal Reports by Dr. Weber (dated December, 1899, November, 1900, and April, 1902), Schreber's own Statement of his Case (July, 1901) and the Court Judgement of July, 1902.]

[3] [He was, in fact, 42 at the time of his first illness (p. 7) and, as Freud himself tells us on p. 46, 51 at the time of his second.]

years, upon the whole, of great happiness, rich in outward honours, and only clouded from time to time by the oft-repeated disappointment of our hope that we might be blessed with children.'

In June, 1893, he was notified of his prospective appointment as Senatspräsident, and he took up his duties on the first of October of the same year. Between these two dates[1] he had some dreams, though it was not until later that he came to attach any importance to them. He dreamt two or three times that his old nervous disorder had come back; and this made him as miserable in the dream as the discovery that it was only a dream made him happy when he woke up. Once, in the early hours of the morning, moreover, while he was in a state between sleeping and waking, the idea occurred to him 'that after all it really must be very nice to be a woman submitting to the act of copulation'. (36.) This idea was one which he would have rejected with the greatest indignation if he had been fully conscious.

The second illness set in at the end of October 1893 with a torturing bout of sleeplessness. This forced him to return to the Flechsig clinic, where, however, his condition grew rapidly worse. The further course of the illness is described in a Report drawn up subsequently [in 1899] by the director of the Sonnenstein Asylum 'At the commencement of his residence there[2] he expressed more hypochondriacal ideas, complained that he had softening of the brain, that he would soon be dead, etc. But ideas of persecution were already finding their way into the clinical picture, based upon sensory illusions which, however, seemed only to appear sporadically at first, while simultaneously a high degree of hyperaesthesia was observable great sensitiveness to light and noise.—Later, the visual and auditory illusions became much more frequent, and, in conjunction with coenaesthetic disturbances, dominated the whole of his feeling and thought. He believed that he was dead and decomposing, that he was suffering from the plague; he asserted that his body was being handled in all kinds of revolting ways; and, as he himself declares to this day, he went through worse horrors than any one could have imagined, and all on behalf of a holy

[1] And therefore before he could have been affected by the overwork caused by his new post, to which he attributes his illness.

[2] In Professor Flechsig's clinic at Leipzig. [See Editor's Note, p. 7.]

purpose. The patient was so much pre-occupied with these pathological experiences that he was inaccessible to any other impression and would sit perfectly rigid and motionless for hours (hallucinatory stupor). On the other hand, they tortured him to such a degree that he longed for death. He made repeated attempts at drowning himself in his bath, and asked to be given the "cyanide that was intended for him". His delusional ideas gradually assumed a mystical and religious character; he was in direct communication with God, he was the plaything of devils, he saw "miraculous apparitions", he heard "holy music", and in the end he even came to believe that he was living in another world.' (380)

It may be added that there were certain people by whom he thought he was being persecuted and injured, and upon whom he poured abuse. The most prominent of these was his former physician, Flechsig, whom he called a 'soul-murderer'; and he used to call out over and over again: '*Little* Flechsig!' putting a sharp stress upon the first word (383). He was moved from Leipzig, and, after a short interval spent in another institution,[1] was brought in June 1894 to the Sonnenstein Asylum, near Pirna, where he remained until his disorder assumed its final shape. In the course of the next few years the clinical picture altered in a manner which can best be described in the words of Dr. Weber, the director of the asylum.[2]

'I need not enter any further into the details of the course of the disease. I must, however, draw attention to the manner in which, as time went on, the initial comparatively acute psychosis, which had directly involved the patient's entire mental life and deserved the name of "hallucinatory insanity", developed more and more clearly (one might almost say crystallized out) into the paranoic clinical picture that we have before us to-day.' (385.) The fact was that, on the one hand, he had developed an ingenious delusional structure, in which we have every reason to be interested, while, on the other hand, his personality had been reconstructed and now showed itself, except for a few isolated disturbances, capable of meeting the demands of everyday life.

Dr. Weber, in his Report of 1899, makes the following remarks: 'It thus appears that at the present time, apart from

[1] [Dr. Pierson's private asylum at Lindenhof.]

[2] [In his Report of July, 1899.]

certain obvious psychomotor symptoms which cannot fail to strike even the superficial observer as being pathological, Herr Senatspräsident Dr. Schreber shows no signs of confusion or of psychical inhibition, nor is his intelligence noticeably impaired. His mind is collected, his memory is excellent, he has at his disposal a very considerable store of knowledge (not merely upon legal questions, but in many other fields), and he is able to reproduce it in a connected train of thought. He takes an interest in following events in the world of politics, science and art, etc., and is constantly occupied with such matters . . . and an observer who was uninstructed upon his general condition would scarcely notice anything peculiar in these directions. In spite of all this, however, the patient is full of ideas of pathological origin, which have formed themselves into a complete system, they are more or less fixed, and seem to be inaccessible to correction by means of any objective appreciation and judgement of the external facts.' (385–6.)

Thus the patient's condition had undergone a great change, and he now considered himself capable of carrying on an independent existence. He accordingly took appropriate steps with a view to regaining control over his own affairs and to securing his discharge from the asylum. Dr. Weber set himself to prevent the fulfilment of these intentions and drew up reports in opposition to them Nevertheless, in his Report dated 1900, he felt obliged to give this appreciative account of the patient's character and conduct: 'Since for the last nine months Herr Präsident Schreber has taken his meals daily at my family board, I have had the most ample opportunities of conversing with him upon every imaginable topic. Whatever the subject was that came up for discussion (apart, of course, from his delusional ideas), whether it concerned events in the field of administration and law, of politics, art, literature or social life—in short, whatever the topic, Dr. Schreber gave evidence of a lively interest, a well-informed mind, a good memory, and a sound judgement; his ethical outlook, moreover, was one which it was impossible not to endorse. So, too, in his lighter talk with the ladies of the party, he was both courteous and affable, and when he touched upon matters in a more humorous vein he invariably displayed tact and decorum. Never once, during these innocent talks round the dining-table, did he introduce subjects which should more properly have been raised at a

medical consultation.' (397–8.) Indeed, on one occasion during this period when a business question arose which involved the interests of his whole family, he entered into it in a manner which showed both his technical knowledge and his common sense (401 and 510).

In the numerous applications to the courts, by which Dr. Schreber endeavoured to regain his liberty, he did not in the least disavow his delusions or make any secret of his intention of publishing the *Denkwürdigkeiten*. On the contrary, he dwelt upon the importance of his ideas to religious thought, and upon their invulnerability to the attacks of modern science; but at the same time he laid stress upon the 'absolute harmlessness' (430) of all the actions which, as he was aware, his delusions obliged him to perform. Such, indeed, were his acumen and the cogency of his logic that finally, and in spite of his being an acknowledged paranoic, his efforts were crowned with success. In July, 1902, Dr. Schreber's civil rights were restored, and in the following year his *Denkwürdigkeiten eines Nervenkranken* appeared, though in a censored form and with many valuable portions omitted.

The Court Judgement that gave Dr. Schreber back his liberty summarizes the content of his delusional system in a few sentences: 'He believed that he had a mission to redeem the world and to restore it to its lost state of bliss.[1] This, however, he could only bring about if he were first transformed from a man into a woman.' (475.)

For a more detailed account of his delusions as they appeared in their final shape we may turn to Dr. Weber's Report of 1899: 'The culminating point of the patient's delusional system is his belief that he has a mission to redeem the world, and to restore mankind to their lost state of bliss. He was called to this task, so he asserts, by direct inspiration from God, just as we are taught that the Prophets were, for nerves in a condition of great excitement, as his were for a long time, have precisely the property of exerting an attraction upon God – though this is touching on matters which human speech is scarcely, if at all, capable of expressing, since they lie entirely outside the scope of human experience and, indeed, have been revealed to him alone. The most essential part of his mission of redemption is

[1] [See footnote 3, p. 23.]

that it must be preceded by his *transformation into a woman*. It is not to be supposed that he *wishes* to be transformed into a woman; it is rather a question of a "must" based upon the Order of Things, which there is no possibility of his evading, much as he would personally prefer to remain in his own honourable and masculine station in life. But neither he nor the rest of mankind can regain the life beyond except by his being transformed into a woman (a process which may occupy many years or even decades) by means of divine miracles. He himself, of this he is convinced, is the only object upon which divine miracles are worked, and he is thus the most remarkable human being who has ever lived upon earth Every hour and every minute for years he has experienced these miracles in his body, and he has had them confirmed by the voices that have conversed with him. During the first years of his illness certain of his bodily organs suffered such destructive injuries as would inevitably have led to the death of any other man: he lived for a long time without a stomach, without intestines, almost without lungs, with a torn oesophagus, without a bladder, and with shattered ribs, he used sometimes to swallow part of his own larynx with his food, etc. But divine miracles ("rays") always restored what had been destroyed, and therefore, as long as he remains a man, he is altogether immortal. These alarming phenomena have ceased long ago, and his "femaleness" has become prominent instead. This is a matter of a process of development which will probably require decades, if not centuries, for its completion, and it is unlikely that anyone now living will survive to see the end of it. He has a feeling that enormous numbers of "female nerves" have already passed over into his body, and out of them a new race of men will proceed, through a process of direct impregnation by God. Not until then, it seems, will he be able to die a natural death, and, along with the rest of mankind, will he regain a state of bliss. In the meantime not only the sun, but trees and birds, which are in the nature of "bemiracled residues of former human souls", speak to him in human accents, and miraculous things happen everywhere around him.' (386–8)

The interest felt by the practical psychiatrist in such delusional formations as these is, as a rule, exhausted when once he has ascertained the character of the products of the delusion and has formed an estimate of their influence on the patient's

general behaviour: in his case marvelling is not the beginning of understanding. The psycho-analyst, in the light of his knowledge of the psychoneuroses, approaches the subject with a suspicion that even thought-structures so extraordinary as these and so remote from our common modes of thinking are nevertheless derived from the most general and comprehensible impulses of the human mind, and he would be glad to discover the motives of such a transformation as well as the manner in which it has been accomplished. With this aim in view, he will wish to go more deeply into the details of the delusion and into the history of its development.

(*a*) The medical officer lays stress upon two points as being of chief importance: the patient's *assumption of the role of Redeemer*, and his *transformation into a woman*. The Redeemer delusion is a phantasy that is familiar to us through the frequency with which it forms the nucleus of religious paranoia. The additional factor, which makes the redemption dependent upon the man being previously transformed into a woman, is unusual and in itself bewildering, since it shows such a wide divergence from the historical myth which the patient's phantasy is setting out to reproduce. It is natural to follow the medical report in assuming that the motive force of this delusional complex was the patient's ambition to play the part of Redeemer, and that his *emasculation* was only entitled to be regarded as a means for achieving that end. Even though this may appear to be true of his delusion in its final form, a study of the *Denkwürdigkeiten* compels us to take a very different view of the matter. For we learn that the idea of being transformed into a woman (that is, of being emasculated) was the primary delusion, that he began by regarding that act as constituting a serious injury and persecution, and that it only became related to his playing the part of Redeemer in a secondary way. There can be no doubt, moreover, that originally he believed that the transformation was to be effected for the purpose of sexual abuse and not so as to serve higher designs. The position may be formulated by saying that a sexual delusion of persecution was later on converted in the patient's mind into a religious delusion of grandeur. The part of persecutor was at first assigned to Professor Flechsig, the physician in whose charge he was; later, his place was taken by God Himself.

I will quote the relevant passages from the *Denkwürdigkeiten* in full: 'In this way a conspiracy against me was brought to a head (in about March or April, 1894). Its object was to contrive that, when once my nervous complaint had been recognized as incurable or assumed to be so, I should be handed over to a certain person in a particular manner: my soul was to be delivered up to him, but my body—owing to a misapprehension of what I have described above as the purpose underlying the Order of Things—was to be transformed into a female body, and as such surrendered to the person in question[1] with a view to sexual abuse, and was then simply to be "left on one side"—that is to say, no doubt, given over to corruption.' (56.)

'It was, moreover, perfectly natural that from the human standpoint (which was the one by which at that time I was still chiefly governed) I should regard Professor Flechsig or his soul as my only true enemy—at a later date there was also the von W. soul, about which I shall have more to say presently—and that I should look upon God Almighty as my natural ally. I merely fancied that He was in great straits as regards Professor Flechsig, and consequently felt myself bound to support Him by every conceivable means, even to the length of sacrificing myself. It was not until very much later that the idea forced itself upon my mind that God Himself had played the part of accomplice, if not of instigator, in the plot whereby my soul was to be murdered and my body used like a strumpet. I may say, in fact, that this idea has in part become clearly conscious to me only in the course of writing the present work.' (59.)

'Every attempt at murdering my soul, or at emasculating me for purposes *contrary to the Order of Things* (that is, for the gratification of the sexual appetites of a human individual), or later at destroying my understanding—every such attempt has come to nothing. From this apparently unequal struggle between one weak man and God Himself, I have emerged as the victor—though not without undergoing much bitter suffering and privation—because the Order of Things stands upon my side.' (61.)

In a footnote attached to the words '*contrary to the Order of Things*' in the above passage, the author foreshadows the

[1] It is shown from the context in this and other passages that 'the person in question' who was to practise this abuse was none other than Flechsig. (See below [p. 38 ff.].)

subsequent transformation in his delusion of emasculation and in his relation to God. 'I shall show later on that emasculation for quite another purpose—a purpose *in consonance with the Order of Things*—is within the bounds of possibility, and, indeed, that it may quite probably afford the solution of the conflict.'

These statements are of decisive importance in determining the view we are to take of the delusion of emasculation and in thus giving us a general understanding of the case. It may be added that the 'voices' which the patient heard never treated his transformation into a woman as anything but a sexual disgrace, which gave them an excuse for jeering at him. 'Rays of God[1] not infrequently thought themselves entitled to mock at me by calling me "Miss[2] Schreber", in allusion to the emasculation which, it was alleged, I was about to undergo.' (127.) Or they would say: 'So *this* sets up to have been a Senatspräsident, this person who lets himself be f—d!'[3] Or again: 'Don't you feel ashamed in front of your wife?' [177.]

That the emasculation phantasy was of a primary nature and originally independent of the Redeemer *motif* becomes still more probable when we recollect the 'idea' which, as I mentioned on an earlier page [p. 13], occurred to him while he was half asleep, to the effect that it must be nice to be a woman submitting to the act of copulation (36.) This phantasy appeared during the incubation period of his illness, and before he had begun to feel the effects of overwork in Dresden.

Schreber himself gives the month of November, 1895, as the date at which the connection was established between the emasculation phantasy and the Redeemer idea and the way thus paved for his becoming reconciled to the former. 'Now, however,' he writes, 'I became clearly aware that the Order of Things imperatively demanded my emasculation, whether I personally liked it or no, and that no *reasonable* course lay open to me but to reconcile myself to the thought of being transformed into a woman. The further consequence of my emasculation could, of course, only be my impregnation by divine rays

[1] The 'rays of God', as we shall see [p. 23], are identical with the voices which talked the 'basic language'.

[2] [In English in the original.]

[3] I reproduce this omission from the *Denkwurdigkeiten*, just as I do all the peculiarities of their author's way of writing. I myself should have found no reason for being so shamefaced over a serious matter.

to the end that a new race of men might be created.' (177.)

The idea of being transformed into a woman was the salient feature and the earliest germ of his delusional system. It also proved to be the one part of it that persisted after his cure, and the one part that was able to retain a place in his behaviour in real life after he had recovered. 'The *only thing* which could appear unreasonable in the eyes of other people is the fact, already touched upon in the expert's report, that I am sometimes to be found standing before the mirror or elsewhere, with the upper portion of my body bared, and wearing sundry feminine adornments, such as ribbons, false necklaces, and the like. This only occurs, I may add, when I am *by myself*, and never, at least so far as I am able to avoid it, in the presence of other people.' (429.) The Herr Senatspräsident confesses to this frivolity at a date (July, 1901)[1] at which he was already in a position to express very aptly the completeness of his recovery in the region of practical life. 'I have now long been aware that the persons I see about me are not "cursorily improvised men" but real people, and that I must therefore behave towards them as a reasonable man is used to behave towards his fellows.' (409.) In contrast to the way in which he put his emasculation phantasy into action, the patient never took any steps towards inducing people to recognize his mission as Redeemer, beyond the publication of his *Denkwürdigkeiten*.

(*b*) The attitude of our patient towards *God* is so singular and so full of internal contradictions that it requires more than a little faith to persist in the belief that there is nevertheless 'method' in his 'madness'. With the help of what Dr. Schreber tells us in the *Denkwürdigkeiten*, we must now endeavour to arrive at a more exact view of his theologico-psychological system, and we must expound his opinions concerning *nerves*, *the state of bliss*, *the divine hierarchy*, and *the attributes of God*, in their manifest (delusional) nexus. At every point in his theory we shall be struck by the astonishing mixture of the commonplace and the clever, of what has been borrowed and what is original.

The human soul[2] is comprised in the *nerves* of the body. These

[1] [In his Statement of his Case (see footnote 2, p. 12).]

[2] ['*Seele*.' When used adjectively, the term is here translated 'spiritual'. See, for instance, on p. 23, '*Seelenteile*', 'spiritual parts'.]

are to be conceived of as structures of extraordinary fineness, comparable to the finest thread. Some of these nerves are suited only for the reception of sense-perceptions, while others (*the nerves of understanding*) carry out all the functions of the mind; and in this connection it is to be noticed that *each single nerve of understanding represents a person's entire mental individuality*, and that the presence of a greater or lesser number of nerves of understanding has no influence except upon the length of time during which the mind can retain its impressions.[1]

Whereas men consist of bodies and nerves, God is from His very nature nothing but nerve. But the nerves of God are not, as is the case with human bodies, present in limited numbers, but are infinite or eternal. They possess all the properties of human nerves to an enormously intensified degree. In their creative capacity—that is, their power of turning themselves into every imaginable object in the created world—they are known as *rays*. There is an intimate relation between God and the starry heaven and the sun.[2]

When the work of creation was finished, God withdrew to an immense distance (10–11 and 252) and, in general, resigned the world to its own laws. He limited His activities to drawing up to Himself the souls of the dead. It was only in exceptional instances that He would enter into relations with particular, highly gifted persons,[3] or would intervene by means of a miracle in the destinies of the world. God does not have any

[1] The words in which Schreber states this theory are italicized by him, and he adds a footnote, in which he insists that it can be used as an explanation of heredity: 'The male semen', he declares, 'contains a nerve belonging to the father, and it unites with a nerve taken from the mother's body to form a new entity.' (7.) Here, therefore, we find a quality properly belonging to the spermatozoon transferred on to the nerves, which makes it probable that Schreber's 'nerves' are derived from the sphere of ideas connected with sexuality. It not infrequently happens in the *Denkwurdigkeiten* that an incidental note upon some piece of delusional theory gives us the desired indication of the genesis of the delusion and so of its meaning. [Cf. below, p. 35 f.]

[2] In this connection see my discussion below on the significance of the sun [p. 53 ff.]. The comparison between (or rather the condensation of) nerves and rays may well have been based on the linear extension which they have in common. The ray-nerves, by the way, are no less creative than the spermatozoon-nerves.

[3] In the 'basic language' (see below [p. 23]) this is described as 'making a nerve-connection with them'.

regular communication with human souls, in accordance with the Order of Things, till after death.[1] When a man dies, his spiritual parts[2] (that is, his nerves) undergo a process of purification before being finally reunited with God Himself as 'fore-courts of Heaven'. Thus it comes about that everything moves in an eternal round, which lies at the basis of the Order of Things. In creating anything, God is parting with a portion of Himself, or is giving a portion of His nerves a different shape. The apparent loss which He thus sustains is made good when, after hundreds and thousands of years, the nerves of dead men, that have entered the state of bliss, once more accrue to Him as 'fore-courts of Heaven' (18 and 19 *n.*).

Souls that have passed through the process of purification enter into the enjoyment of a *state of bliss.*[3] In the meantime they have lost some of their individual consciousness, and have become fused together with other souls into higher unities. Important souls, such as those of men like Goethe, Bismarck, etc., may have to retain their sense of identity for hundreds of years to come, before they too can become resolved into higher soul-complexes, such as 'Jehovah rays' in the case of ancient Jewry, or 'Zoroaster rays' in the case of ancient Persia. In the course of their purification 'souls learn the language which is spoken by God himself, the so-called "basic language", a vigorous though somewhat antiquated German, which is especially characterized by its great wealth of euphemisms'[4] (13).

God Himself is not a simple entity. 'Above the "fore-courts of Heaven" hovered God Himself, who, in contradistinction

[1] We shall find later [p. 24 ff.] that certain criticisms against God are based on this fact.

[2] [See footnote 2, p. 21.]

[3] This consists essentialy in a feeling of voluptuousness (see below [p. 29]). [The German word here translated 'state of bliss' is '*Seligkeit*', literally, 'state of being blessed (*selig*)'. '*Selig*' is used in various senses, —'blessed', 'blissful', and also, euphemistically, 'dead' (See Freud's footnote 2 below, p. 30.)]

[4] On one single occasion during his illness the patient was vouchsafed the privilege of seeing, with his spiritual eyes, God Almighty clear and undisguised before him. On that occasion God uttered what was a very current word in the basic language, and a forcible though not an amiable one—the word 'Saut.' (13b). [In German '*Luder*'. This term of abuse is occasionally applied to males, though much more often to females.—Freud returns to a discussion of the 'basic language' at the end of Lecture X in his *Introductory Lectures* (1916–17).]

to these "anterior realms of God", was also described as the "posterior realms of God". The posterior realms of God were, and still are, divided in a strange manner into two parts, so that a lower God (Ahriman) was differentiated from an upper God (Ormuzd).' (19.) As regards the significance of this division Schreber can tell us no more than that the lower God was more especially attached to the peoples of a dark race (the Semites) and the upper God to those of a fair race (the Aryans); nor would it be reasonable, in such sublime matters, to expect more of human knowledge. Nevertheless, we are also told that 'in spite of the fact that in certain respects God Almighty forms a unity, the lower and the upper God must be regarded as separate Beings, each of which possesses its own particular egoism and its own particular instinct of self-preservation, *even in relation to the other*, and each of which is therefore constantly endeavouring to thrust itself in front of the other' (140 *n.*). Moreover, the two divine Beings behaved in quite different ways towards the unlucky Schreber during the acute stage of his illness.[1]

In the days before his illness Senatspräsident Schreber had been a doubter in religious matters (29 and 64); he had never been able to persuade himself into a firm belief in the existence of a personal God. Indeed, he adduces this fact about his earlier life as an argument in favour of the complete reality of his delusions.[2] But any one who reads the account which follows of the character-traits of Schreber's God will have to allow that the transformation effected by the paranoic disorder was no very fundamental one, and that in the Redeemer of to-day much remains of the doubter of yesterday.

For there is a flaw in the Order of Things, as a result of which

[1] A footnote on page 20 leads us to suppose that a passage in Byron's *Manfred* may have determined Schreber's choice of the names of Persian divinities. We shall later come upon further evidence of the influence of this poem on him. [P. 44.]

[2] 'That it was simply a matter of illusions seems to me to be *in my case*, from the very nature of things, psychologically unthinkable. For illusions of holding communication with God or with departed souls can properly only arise in the minds of persons who, before falling into their condition of pathological nervous excitement, already have a firm belief in God and in the immortality of the soul. *This was not by any means so, however, in my case, as has been explained at the beginning of this chapter*' (79.)

the existence of God Himself seems to be endangered. Owing to circumstances which are incapable of further explanation, the nerves of *living* men, especially when in a condition of *intense excitement*, may exercise such a powerful attraction upon the nerves of God that He cannot get free from them again, and thus His own existence may be threatened (11). This exceedingly rare occurrence took place in Schreber's case and involved him in the greatest sufferings. The instinct of self-preservation was aroused in God (30 , and it then became evident that God was far removed from the perfection ascribed to him by religions. Through the whole of Schreber's book there runs the bitter complaint that God, being only accustomed to communication with the dead, *does not understand living men.*

'In this connection, however, a *fundamental misunderstanding* prevails, which has since run through my whole life like a scarlet thread It is based precisely upon the fact that, *in accordance with the Order of Things, God really knew nothing about living men* and did not need to know; consonantly with the Order of Things, He needed only to have communication with corpses '(55) 'This state of things . . . I am convinced, is once more to be brought into connection with the fact that God was, if I may so express it, quite incapable of dealing with living men, and was only accustomed to communicate with corpses, or at most with men as they lay asleep (that is, in their dreams ' ,141.) 'I myself feel inclined to exclaim "*Incredibile scriptu!*" Yet it is all literally true, however difficult it may be for other people to grasp the idea of God's complete inability to judge living men correctly, and however long I myself took to accustom myself to this idea after my innumerable observations upon the subject.' (246.)

But as a result of God's misunderstanding of living men it was possible for Him Himself to become the instigator of the plot against Schreber, to take him for an idiot, and to subject him to these severe ordeals (264). To avoid being set down as an idiot, he submitted himself to an extremely burdensome system of 'enforced thinking'. For 'every time that my intellectual activities ceased, God jumped to the conclusion that my mental faculties were extinct and that the destruction of my understanding (the idiocy), for which He was hoping, had actually set in, and that a withdrawal had now become possible' (206).

The behaviour of God in the matter of the urge to evacuate

(or 'sh—') rouses him to a specially high pitch of indignation. The passage is so characteristic that I will quote it in full. But to make it clear I must first explain that both the miracles and the voices proceed from God, that is, from the divine rays.

'Although it will necessitate my touching upon an unsavoury subject, I must devote a few more words to the question that I have just quoted ("Why don't you sh—?") on account of the typical character of the whole business. The need for evacuation, like all else that has to do with my body, is evoked by a miracle. It is brought about by my faeces being forced forwards (and sometimes backwards again) in my intestines; and if, owing to there having already been an evacuation, enough material is not present, then such small remains as there may still be of the contents of my intestines are smeared over my anal orifice. This occurrence is a miracle performed by the upper God, and it is repeated several dozens of times at the least every day. It is associated with an idea which is utterly incomprehensible to human beings and can only be accounted for by God's complete ignorance of living man as an organism. According to this idea "sh ing" is in a certain sense the final act; that is to say, when once the urge to sh— has been miracled up, the aim of destroying the understanding is achieved and a final withdrawal of the rays becomes possible. To get to the bottom of the origin of this idea, we must suppose, as it seems to me, that there is a misapprehension in connection with the symbolic meaning of the act of evacuation, a notion, in fact, that any one who has been in such a relation as I have with divine rays is to some extent entitled to sh upon the whole world.

'But now what follows reveals the full perfidy[1] of the policy that has been pursued towards me. Almost every time the need for evacuation was miracled up in me, some other person in my vicinity was sent (by having his nerves stimulated for that purpose) to the lavatory, in order to prevent my evacuating. This is a phenomenon which I have observed for years and upon such countless occasions thousands of them—and with such regularity, as to exclude any possibility of its being attributable to chance. And thereupon comes the question: "Why don't you sh—?" to which the brilliant repartee is made that I am "so

[1] In a footnote at this point the author endeavours to mitigate the harshness of the word 'perfidy' by a reference to one of his arguments in justification of God. These will be discussed presently [p. 28].

stupid or something". The pen well-nigh shrinks from recording so monumental a piece of absurdity as that God, blinded by His ignorance of human nature, can positively go to such lengths as to suppose that there can exist a man too stupid to do what every animal can do—too stupid to be able to sh –. When, upon the occasion of such an urge, I actually succeed in evacuating—and as a rule, since I nearly always find the lavatory engaged, I use a pail for the purpose the process is always accompanied by the generation of an exceedingly strong feeling of spiritual voluptuousness. For the relief from the pressure caused by the presence of the faeces in the intestines produces a sense of intense well-being in the nerves of voluptuousness; and the same is equally true of making water. For this reason, even down to the present day, while I am passing stool or making water, all the rays are always without exception united, for this very reason, whenever I address myself to these natural functions, an attempt is invariably made, though as a rule in vain, to miracle backwards the urge to pass stool and to make water.'[1] (225–7.)

Furthermore, this singular God of Schreber's is incapable of learning anything by experience: 'Owing to some quality or other inherent in his nature, it seems to be impossible for God to derive any lessons for the future from the experience thus gained.' (186.) He can therefore go on repeating the same tormenting ordeals and miracles and voices, without alteration, year after year, until He inevitably becomes a laughing-stock to the victim of His persecutions.

'The consequence is that, now that the miracles have to a great extent lost the power which they formerly possessed of producing terrifying effects, God strikes me above all, in almost everything that happens to me, as being ridiculous or childish. As regards my own behaviour, this often results in my being obliged in self-defence to play the part of a scoffer at God, and even, on occasion, to scoff at Him aloud.' (333.)[2]

[1] This confession to a pleasure in the excretory processes, which we have learnt to recognize as one of the auto-erotic components of infantile sexuality, may be compared with the remarks made by little Hans in my 'Analysis of a Phobia in a Five-year-old Boy' (1909*b*), *Standard Ed.*, **10**, 97.

[2] Even in the basic language it occasionally happened that God was not the abuser but the abused For instance: 'Deuce take it! What a thing to have to say that God lets himself be f—d!' (194.)

This critical and rebellious attitude towards God is, however, opposed in Schreber's mind by an energetic countercurrent, which finds expression in many places: 'But here again I must most emphatically declare that this is nothing more than an episode, which will, I hope, terminate at the latest with my decease, and that the right of scoffing at God belongs in consequence to me alone and not to other men. For them He remains the almighty creator of Heaven and earth, the first cause of all things, and the salvation of their future, to whom notwithstanding that a few of the conventional religious ideas may require revision—worship and the deepest reverence are due.' (333–4.)

Repeated attempts are therefore made to find a justification for God's behaviour to the patient. In these attempts, which display as much ingenuity as every other theodicy, the explanation is based now upon the general nature of souls, and now upon the necessity for self-preservation under which God lay, and upon the misleading influence of the Flechsig soul (60–1 and 160). In general, however, the illness is looked upon as a struggle between Schreber the man and God, in which victory lies with the man, weak though he is, because the Order of Things is on his side (61).

The medica report might easily lead us to suppose that Schreber exhibited the everyday form of Redeemer phantasy, in which the patient believes he is the son of God, destined to save the world from its misery or from the destruction that is threatening it, and so on. It is for this reason that I have been careful to present in detail the peculiarities of Schreber's relation to God. The significance of this relation for the rest of mankind is only rarely alluded to in the *Denkwurdigkeiten* and not until the last phase of his delusional formation. It consists essentially in the fact that no one who dies can enter the state of bliss so long as the greater part of the rays of God are absorbed in his (Schreber's)[1] person, owing to his powers of attraction (32). It is only at a very late stage, too, that his identification with Jesus Christ makes an undisguised appearance (338 and 431).

No attempt at explaining Schreber's case will have any chance of being correct which does not take into account these

[1] [The word in brackets was added in 1924.]

peculiarities in his conception of God, this mixture of reverence and rebelliousness in his attitude towards Him.

I will now turn to another subject, which is closely related to God, namely, the *state of bliss*.[1] This is also spoken of by Schreber as 'the life beyond' to which the human soul is raised after death by the process of purification. He describes it as a state of uninterrupted enjoyment, bound up with the contemplation of God. This is not very original, but on the other hand it is surprising to learn that Schreber makes a distinction between a male and a female state of bliss.[2] 'The male state of bliss was superior to the female, which seems to have consisted chiefly in an uninterrupted feeling of voluptuousness.' (18.) In other passages this coincidence between the state of bliss and voluptuousness is expressed in plainer language and without reference to sex-distinction; and moreover that element of the state of bliss which consists in the contemplation of God is not further discussed. Thus, for instance: 'The nature of the nerves of God, is such that the state of bliss . . . is accompanied by a very intense sensation of voluptuousness, even though it does not consist exclusively of it.' (51.) And again: 'Voluptuousness may be regarded as a fragment of the state of bliss given in advance, as it were, to men and other living creatures.' (281.) So the state of heavenly bliss is to be understood as being in its essence an intensified continuation of sensual pleasure upon earth!

This view of the state of bliss was far from being an element in Schreber's delusion that originated in the first stages of his illness and was later eliminated as being incompatible with the rest. So late as in the Statement of his Case, drawn up by the patient for the Appeal Court in July, 1901, he emphasizes as

[1] [See footnote 3, p. 23.]

[2] It would be much more in keeping with the wish-fulfilment offered by the life beyond that in it we shall at last be free from the difference between the sexes.

> Und jene himmlischen Gestalten
> sie fragen nicht nach Mann und Weib.

[From Mignon's Song in Goethe's *Wilhelm Meisters Lehrjahre*, Book VIII, Chapter 2.

> And those calm shining sons of morn
> They ask not who is maid or boy.
> (Carlyle's Translation.)]

one of his greatest discoveries the fact 'that voluptuousness stands in a close relationship (not hitherto perceptible to the rest of mankind) to the state of bliss enjoyed by departed spirits' [442].[1]

We shall find, indeed, that this 'close relationship' is the rock upon which the patient builds his hopes of an eventual reconciliation with God and of his sufferings being brought to an end. The rays of God abandon their hostility as soon as they are certain that in becoming absorbed into his body they will experience spiritual voluptuousness (133); God Himself demands that He shall be able to find voluptuousness in him (283), and threatens him with the withdrawal of His rays if he neglects to cultivate voluptuousness and cannot offer God what He demands (320).

This surprising sexualization of the state of heavenly bliss suggests the possibility that Schreber's concept of the state of bliss is derived from a condensation of the two principal meanings of the German word '*selig*' namely, 'dead' and 'sensually happy'.[2] But this instance of sexualization will also give us occasion to examine the patient's general attitude to the erotic side of life and to questions of sexual indulgence. For we psychoanalysts have hitherto supported the view that the roots of every nervous and mental disorder are chiefly to be found in the patient's sexual life—some of us merely upon empirical grounds, others influenced in addition by theoretical considerations.

The samples of Schreber's delusions that have already been given enable us without more ado to dismiss the suspicion that it might be precisely this paranoid disorder which would turn

[1] The possibility of this discovery of Schreber's having a deeper meaning is discussed below. [The reference is perhaps to p. 47 ff.]

[2] [See footnote 3, p. 23 above.] Extreme instances of the two uses of the word are to be found in the phrase '*mein seliger Vater*' ['my late father'] and in these lines from [the German text of '*Là ci darem*'] the duet in *Don Giovanni*:

> Ja, dein zu sein auf ewig,
> wie selig werd' ich sein.
>
> [Ah, to be thine for ever—
> How blissful I should be!]

But the fact that the same word should be used in our language in two such different situations cannot be without significance.

out to be the 'negative case' which has so long been sought for—a case in which sexuality plays only a very minor part. Schreber himself speaks again and again as though he shared our prejudice. He is constantly talking in the same breath of 'nervous disorder' and erotic lapses, as though the two things were inseparable.[1]

Before his illness Senatspräsident Schreber had been a man of strict morals: 'Few people', he declares, and I see no reason to doubt his assertion, 'can have been brought up upon such strict moral principles as I was, and few people, all through their lives, can have exercised (especially in sexual matters) a self-restraint conforming so closely to those principles as I may say of myself that I have done.' (281.) After the severe spiritual struggle, of which the phenomena of his illness were the outward signs, his attitude towards the erotic side of life was altered. He had come to see that the cultivation of voluptuousness was incumbent upon him as a duty, and that it was only by discharging this duty that he could end the grave conflict which had broken out within him -or, as he thought, about him. Voluptuousness, so the voices assured him, had become 'God-fearing' and he could only regret that he was not able to devote himself to its cultivation the whole day long.[2] (285.)

Such then, was the result of the changes produced in Schreber

[1] 'When moral corruption ("voluptuous excesses") or perhaps nervous disorder had taken a strong enough hold upon the whole population of any terrestrial body', then, thinks Schreber, bearing in mind the Biblical stories of Sodom and Gomorrah, the Deluge, etc., the world in question might come to a catastrophic end (52,. '[A rumour] sowed fear and terror among men, wrecked the foundations of religion, and spread abroad general nervous disorders and immorality, so that devastating pestilences have descended upon mankind.' (91.)—'Thus it seems probable that by a "Prince of Hell" the souls meant the uncanny Power that was able to develop in a sense hostile to God as a result of moral depravity among men or of a general state of excessive nervous excitement following upon over-civilization.' (163)

[2] In connection with his delusions he writes. '*This attraction* [i.e. the attraction exercised by Schreber upon the nerves of God (see p. 25)], *however, lost its terrors for the nerves in question, if, and in so far as, upon entering my body, they encountered a feeling of spiritual voluptuousness* in which they themselves shared. For, if this happened, they found an equivalent or approximately equivalent substitute in my body for the state of heavenly bliss which they had lost. and which itself consisted in a kind of voluptuous enjoyment.' (179–80.)

by his illness, as we find them expressed in the two main features of his delusional system. Before it he had been inclined to sexual asceticism and had been a doubter in regard to God; while after it he was a believer in God and a devotee of voluptuousness. But just as his re-conquered belief in God was of a peculiar kind, so too the sexual enjoyment which he had won for himself was of a most unusual character. It was not the sexual liberty of a man, but the sexual feelings of a woman. He took up a feminine attitude towards God; he felt that he was God's wife.[1]

No other part of his delusions is treated by the patient so exhaustively, one might almost say so insistently, as his alleged transformation into a woman. The nerves absorbed by him have, so he says, assumed in his body the character of female nerves of voluptuousness, and have given to his body a more or less female stamp, and more particularly to his skin a softness peculiar to the female sex (87). If he presses lightly with his fingers upon any part of his body, he can feel these nerves, under the surface of the skin, as a tissue of a thread-like or stringy texture; they are especially present in the region of the chest, where, in a woman, her breasts would be. 'By applying pressure to this tissue, I am able to evoke a sensation of voluptuousness such as women experience, and especially if I think of something feminine at the same time.' (277.) He knows with certainty that this tissue was originally nothing else than nerves of God, which could hardly have lost the character of nerves merely through having passed over into his body (279). By means of what he calls 'drawing' (that is, by calling up visual images) he is able to give both himself and the rays an impression that his body is fitted out with female breasts and genitals: 'It has become so much a habit with me to draw female

[1] 'Something occurred in my own body similar to the conception of Jesus Christ in an immaculate virgin, that is, in a woman who had never had intercourse with a man. On two separate occasions (and while I was still in Professor Flechsig's institution) I have possessed female genitals, though somewhat imperfectly developed ones, and have felt a stirring in my body, such as would arise from the quickening of a human embryo. Nerves of God corresponding to male semen had, by a divine miracle, been projected into my body, and impregnation had thus taken place.' (Introduction, 4.) [Schreber's book includes both a preface and an introduction as well as a prefatory 'Open Letter to Professor Flechsig'. Cf p 10, *n.* 4 and p. 38, *n.* 1.]

buttocks on to my body *honi soit qui mal y pense*—that I do it almost involuntarily every time I stoop.' (233.) He is 'bold enough to assert that anyone who should happen to see me before the mirror with the upper portion of my torso bared—especially if the illusion is assisted by my wearing a little feminine finery—would receive an unmistakable impression of a *female bust*'. (280.) He calls for a medical examination, in order to establish the fact that his whole body has nerves of voluptuousness dispersed over it from head to foot, a state of things which is only to be found, in his opinion, in the female body, whereas, in the male, to the best of his knowledge, nerves of voluptuousness exist only in the sexual organs and their immediate vicinity (274). The spiritual voluptuousness which has been developed owing to this accumulation of nerves in his body is so intense that it only requires a slight effort of his imagination (especially when he is lying in bed) to procure him a feeling of sensual well-being that affords a tolerably clear adumbration of the sexual pleasure enjoyed by a woman during copulation (269).

If we now recall the dream which the patient had during the incubation period of his illness, before he had moved to Dresden [p. 13], it will become clear beyond a doubt that his delusion of being transformed into a woman was nothing else than a realization of the content of that dream. At that time he had rebelled against the dream with masculine indignation, and in the same way he began by striving against its fulfilment in his illness and looked upon his transformation into a woman as a disgrace with which he was threatened with hostile intention. But there came a time (it was in November, 1895) when he began to reconcile himself to the transformation and bring it into harmony with the higher purposes of God: 'Since then, and with a full consciousness of what I did, I have inscribed upon my banner the cultivation of femaleness.' (177–8.)

He then arrived at the firm conviction that it was God Himself who, for His own satisfaction, was demanding femaleness from him:

'No sooner, however, am I alone with God (if I may so express it), than it becomes a necessity for me to employ every imaginable device and to summon up the whole of my mental faculties, and especially my imagination, in order to bring it about that the divine rays may have the impression as

continuously as possible (or, since this is beyond mortal power, at least at certain times of day) that I am a woman luxuriating in voluptuous sensations.' (281.)

'On the other hand, God demands a *constant state of enjoyment*, such as would be in keeping with the conditions of existence imposed upon souls by the Order of Things; and it is my duty to provide Him with this . . . in the shape of the greatest possible generation of spiritual voluptuousness. And if, in this process, a little sensual pleasure falls to my share, I feel justified in accepting it as some slight compensation for the inordinate measure of suffering and privation that has been mine for so many past years . . .' (283.)

'. . . I think I may even venture to advance the view based upon impressions I have received, that God would never take any steps towards effecting a withdrawal the first result of which is invariably to alter my physical condition markedly for the worse—but would quietly and permanently yield to my powers of attraction, if it were possible for me *always* to be playing the part of a woman lying in my own amorous embraces, *always* to be casting my looks upon female forms, *always* to be gazing at pictures of women, and so on.' (284–5.)

In Schreber's system the two principal elements of his delusions (his transformation into a woman and his favoured relation to God) are linked in his assumption of a feminine attitude towards God. It will be an unavoidable part of our task to show that there is an essential *genetic* relation between these two elements. Otherwise our attempts at elucidating Schreber's delusions will leave us in the absurd position described in Kant's famous simile in the *Critique of Pure Reason*: we shall be like a man holding a sieve under a he-goat while some one else milks it.

II

ATTEMPTS AT INTERPRETATION

THERE are two angles from which we could attempt to reach an understanding of this history of a case of paranoia and to lay bare in it the familiar complexes and motive forces of mental life. We might start either from the patient's own delusional utterances or from the exciting causes of his illness.

The former method must seem enticing since the brilliant example given us by Jung [1907] in his interpretation of a case of dementia praecox which was far severer than this one and which exhibited symptoms far more remote from the normal. The high level of our present patient's intelligence, too, and his communicativeness, seem likely to facilitate the accomplishment of our task along these lines. He himself not infrequently presses the key into our hands, by adding a gloss, a quotation or an example to some delusional proposition in an apparently incidental manner, or even by expressly denying some parallel to it that has arisen in his own mind. For when this happens, we have only to follow our usual psycho-analytic technique—to strip his sentence of its negative form, to take his example as being the actual thing, or his quotation or gloss as being the original source—and we find ourselves in possession of what we are looking for, namely a translation of the paranoic mode of expression into the normal one.

It is perhaps worth giving a more detailed illustration of this procedure. Schreber complains of the nuisance created by the so-called 'miracled birds' or 'talking birds', to which he ascribes a number of very remarkable qualities (208–14). It is his belief that they are composed of former 'fore-courts of Heaven', that is, of human souls which have entered into a state of bliss, and that they have been loaded with ptomaine[1] poison and set on to him. They have been brought to the condition of repeating 'meaningless phrases which they have learnt by heart' and which have been 'dinned into them'. Each time that they have discharged their load of ptomaine poison on to him—that is, each time that they have 'reeled off the phrases which have

[1] [German '*Leichengift*', literally 'corpse poison'.]

been dinned into them, as it were' –they become to some extent absorbed into his soul, with the words 'The deuce of a fellow!' or 'Deuce take it!' which are the only words they are still capable of using to express a genuine feeling. They cannot understand the meaning of the words they speak, but they are by nature susceptible to similarity of sounds, though the similarity need not necessarily be a complete one. Thus it is immaterial to them whether one says:

> '*Santiago*' or '*Karthago*',
> '*Chinesentum*' or '*Jesum Christum*',
> '*Abendrot*' or '*Atemnot*',
> '*Ariman*' or '*Ackermann*' etc.[1] (210.)

As we read this description, we cannot avoid the idea that what it really refers to must be young girls. In a carping mood people often compare them to geese, ungallantly accuse them of having 'the brains of a bird' and declare that they can say nothing but phrases learnt by rote and they betray their lack of education by confusing foreign words that sound alike. The phrase 'The deuce of a fellow!', which is the only thing that they are serious about, would in that case be an allusion to the triumph of the young man who has succeeded in impressing them. And, sure enough, a few pages later we come upon a passage in which Schreber confirms this interpretation: 'For purposes of distinction, I have as a joke given girls' names to a great number of the remaining bird-souls; since by their inquisitiveness, their voluptuous bent, etc., they one and all most readily suggest a comparison with little girls. Some of these girls' names have since been adopted by the rays of God and have been retained as a designation of the bird-souls in question.' (214.) This easy interpretation of the 'miracled birds' gives us a hint which may help us towards understanding the enigmatic 'fore-courts of Heaven'.

I am quite aware that a psycho-analyst needs no small amount of tact and restraint whenever in the course of his work he goes beyond the typical instances of interpretation, and that his listeners or readers will only follow him as far as

[1] ['Santiago' or 'Carthage',
'Chinese-dom' or 'Jesus Christ',
'Sunset' or 'Breathlessness',
'Ahriman' or 'Farmer'.]

their own familiarity with analytic technique will allow them He has every reason, therefore, to guard against the risk that an increased display of acumen on his part may be accompanied by a diminution in the certainty and trustworthiness of his results. It is thus only natural that one analyst will tend too much in the direction of caution and another too much in the direction of boldness. It will not be possible to define the proper limits of justifiable interpretation until many experiments have been made and until the subject has become more familiar. In working upon the case of Schreber I have had a policy of restraint forced on me by the circumstance that the opposition to his publishing the *Denkwürdigkeiten* was so far effective as to withhold a considerable portion of the material from our knowledge—the portion, too, which would in all probability have thrown the most important light upon the case.[1] Thus, for instance, the third chapter of the book opens with this promising announcement: 'I shall now proceed to describe certain events which occurred to *other members of my family* and which may conceivably have been connected with the soul-murder I have postulated; for there is at any rate something more or less problematical about all of them, something not easily explicable upon the lines of ordinary human experience.' (33.) But the next sentence, which is also the last of the chapter, is as follows: 'The remainder of this chapter has been withheld from print as being unsuitable for publication.' I shall therefore have to be satisfied if I can succeed in tracing back at any rate the nucleus of the delusional structure with some degree of certainty to familiar human motives.

With this object in view I shall now mention a further small

[1] 'When we survey the contents of this document', writes Dr. Weber in his report, 'and consider the mass of indiscretions in regard to himself and other persons which it contains, when we observe the unblushing manner in which he describes situations and events which are of the most delicate nature and indeed, in an aesthetic sense, utterly impossible, when we reflect upon his use of strong language of the most offensive kind, and so forth, we shall find it quite impossible to understand how a man, distinguished apart from this by his tact and refinement, could contemplate taking a step so compromising to himself in the public eye, unless we bear in mind the fact that .' etc. etc. (402.) Surely we can hardly expect that a case history which sets out to give a picture of deranged humanity and its struggles to rehabilitate itself should exhibit 'discretion' and 'aesthetic' charm.

has already been indicated. There is only this, perhaps, to be added . . . (The passage which follows is unsuitable for publication.)' (28.) As a result of this omission we are left in the dark on the question of what is meant by 'soul-murder'. We shall refer later on [p. 44] to the only hint upon the subject which has evaded censorship.

However this may be, a further development of Schreber's delusions soon took place, which affected his relations to God without altering his relations to Flechsig. Hitherto he had regarded Flechsig (or rather his soul) as his only true enemy and had looked upon God Almighty as his ally, but now he could not avoid the thought that God Himself had played the part of accessory, if not of instigator, in the plot against him. (59.) Flechsig, however, remained the first seducer, to whose influence God had yielded (60). He had succeeded in making his way up to heaven with his whole soul or a part of it and in becoming a 'leader of rays', without dying or undergoing any preliminary purification.[1] (56.) The Flechsig soul continued to play this role even after the patient had been moved from the Leipzig clinic to Dr. Pierson's asylum.[2] The influence of the new environment was shown by the Flechsig soul being joined by the soul of the chief attendant, whom the patient recognized as a person who had formerly lived in the same block of flats as himself. This was represented as being the von W. soul.[3] The Flechsig soul then introduced the system of 'soul-division', which assumed large proportions. At one time there were as

[1] ['*Reinigung*.' In the first edition only, '*Peinigung*' ('torment'), certainly a misprint.] According to another and significant version, which, however, was soon rejected, Professor Flechsig had shot himself, either at Weissenburg in Alsace or in a police cell at Leipzig. The patient saw his funeral go past, though not in the direction that was to be expected in view of the relative positions of the University Clinic and the cemetery. On other occasions Flechsig appeared to him in the company of a policeman, or in conversation with his [Flechsig's] wife. Schreber was a witness of this conversation by the method of 'nerve-connection', and in the course of it Professor Flechsig called himself 'God Flechsig' to his wife, so that she was inclined to think he had gone mad. (82.)

[2] [At Lindenhof. See footnote 1, p. 14.]

[3] The voices informed him that in the course of an official enquiry this von W. had made some untrue statements about him, either deliberately or out of carelessness, and in particular had accused him of masturbation. As a punishment for this he was now obliged to wait on the patient (108).

piece of the case history to which sufficient weight is not given in the reports, although the patient himself has done all he can to put it in the foreground. I refer to Schreber's relations to his first physician, Geheimrat Prof. Flechsig of Leipzig.

As we already know, Schreber's case at first took the form of delusions of persecution, and did not begin to lose it until the turning-point of his illness (the time of his 'reconciliation'). From that time onwards the persecutions became less and less intolerable, and the ignominious purpose which at first underlay his threatened emasculation began to be superseded by a purpose in consonance with the Order of Things. But the first author of all these acts of persecution was Flechsig, and he remains their instigator throughout the whole course of the illness.[1]

Of the actual nature of Flechsig's enormity and its motives the patient speaks with the characteristic vagueness and obscurity which may be regarded as marks of an especially intense work of delusion-formation,[2] if it is legitimate to judge paranoia on the model of a far more familiar mental phenomenon the dream. Flechsig, according to the patient, committed, or attempted to commit, 'soul-murder' upon him - an act which, he thought, was comparable with the efforts made by the devil or by demons to gain possession of a soul, and may have had its prototype in events which occurred between members of the Flechsig and Schreber families long since deceased (22 ff.). We should be glad to learn more of the meaning of this 'soul-murder', but at this point our sources relapse once more into a tendentious silence: 'As to what constitutes the true essence of soul-murder, and as to its technique, if I may so describe it, I am able to say nothing beyond what

[1] 'Even now the voices that talk with me call out your name to me hundreds of times each day They name you in certain constantly recurring connections, and especially as being the first author of the injuries I have suffered. And yet the personal relations which existed between us for a time have, so far as I am concerned, long since faded into the background, so that I myself could have little enough reason to be for ever recalling you to my mind, and still less for doing so with any feelings of resentment.' ('Open Letter to Professor Flechsig', VIII.) [See footnote, p. 32.]

[2] ['*Wahnbildungsarbeit*' This is parallel to '*Traumarbeit*' ('dream-work'), the term used in *The Interpretation of Dreams* (1900*a*), Chapter VI.]

many as forty to sixty sub-divisions of the Flechsig soul; two of its larger divisions were known as the 'upper Flechsig' and the 'middle Flechsig'. The von W. soul (the chief attendant's) behaved in just the same fashion (111). It was sometimes most entertaining to notice the way in which these two souls,[1] in spite of their alliance, carried on a feud with one another, the aristocratic pride of the one pitted against the professorial vanity of the other (113). During his first weeks at Sonnenstein (to which he was finally moved in the summer of 1894) the soul of his new physician, Dr. Weber, came into play; and shortly afterwards the change-over took place in the development of his delusions which we have come to know as his 'reconciliation'.

During this later stay at Sonnenstein, when God had begun to appreciate him better, a raid was made upon the souls, which had been multiplied so much as to become a nuisance. As a result of this, the Flechsig soul survived in only one or two shapes, and the von W. soul in only a single one. The latter soon disappeared altogether. The divisions of the Flechsig soul, which slowly lost both their intelligence and their power, then came to be described as the 'posterior Flechsig' and the '"Oh well!" Party'. That the Flechsig soul retained its importance to the last, is made clear by Schreber's prefatory 'Open Letter to Herr Geheimrat Prof. Dr. Flechsig'.[2]

In this remarkable document Schreber expresses his firm conviction that the physician who influenced him had the same visions and received the same disclosures upon supernatural things as he himself. He protests on the very first page that the author of the *Denkwürdigkeiten* has not the remotest intention of making an attack upon the doctor's honour, and the same point is earnestly and emphatically repeated in the patient's presentations of his position (343, 445). It is evident that he is endeavouring to distinguish the 'soul Flechsig' from the living man of the same name, the Flechsig of his delusions from the real Flechsig.[3]

The study of a number of cases of delusions of persecution

[1] [The Flechsig and the von W. souls.]

[2] [See footnote 1, p. 38.]

[3] 'I am accordingly obliged *to admit as a possibility* that everything in the first chapters of my *Denkwürdigkeiten* which is connected with

has led me as well as other investigators to the view that the relation between the patient and his persecutor can be reduced to a simple formula.[1] It appears that the person to whom the delusion ascribes so much power and influence, in whose hands all the threads of the conspiracy converge, is, if he is definitely named, either identical with some one who played an equally important part in the patient's emotional life before his illness, or is easily recognizable as a substitute for him. The intensity of the emotion is projected in the shape of external power, while its quality is changed into the opposite. The person who is now hated and feared for being a persecutor was at one time loved and honoured. The main purpose of the persecution asserted by the patient's delusion is to justify the change in his emotional attitude.

Bearing this point of view in mind, let us now examine the relations which had formerly existed between Schreber and his physician and persecutor, Flechsig We have already heard [p. 12] that, in the years 1884 and 1885, Schreber suffered from a first attack of nervous disorder, which ran its course 'without the occurrence of any incidents bordering upon the sphere of the supernatural' (35). While he was in this condition, which was described as 'hypochondria' and seems not to have overstepped the limits of a neurosis, Flechsig acted as his doctor. At that time Schreber spent six months in the University Clinic at Leipzig. We learn that after his recovery he had cordial feelings towards his doctor. 'The main thing was that, after a fairly long period of convalescence which I spent in travelling, I was finally cured; and it was therefore impossible that I should feel anything at that time but the liveliest gratitude towards Professor Flechsig. I gave a marked expression to this feeling both in a personal visit which I subsequently paid him and in what I deemed to be an appropriate honorarium.' (35–6.) It is true that Schreber's encomium in the *Denkwürdigkeiten* upon this first treatment of Flechsig's is not entirely without reservations, but that can easily be understood if we

the name of Flechsig may only refer to the soul Flechsig as distinguished from the living man. For that his soul has a separate existence is a certain fact, though it cannot be explained upon any natural basis.' (342–3.)

[1] Cf. Abraham, 1908. In the course of this paper its author, referring to a correspondence between us, scrupulously attributes to myself an influence upon the development of his views. [Cf. p. 70, n. 1.]

consider that his attitude had in the meantime been reversed. The passage immediately following the one that has just been quoted bears witness to the original warmth of his feelings towards the physician who had treated him so successfully. 'The gratitude of my wife was perhaps even more heartfelt, for she revered Professor Flechsig as the man who had restored her husband to her, and hence it was that for years she kept his portrait standing upon her writing-table' (36).

Since we cannot obtain any insight into the causes of the first illness (a knowledge of which is undoubtedly indispensable for properly elucidating the second and severer illness), we must now plunge at random into an unknown concatenation of circumstances. During the incubation period of his illness, as we are aware[1] (that is, between June 1893, when he was appointed to his new post, and the following October, when he took up his duties), he repeatedly dreamt that his old nervous disorder had returned. Once, moreover, when he was half asleep, he had a feeling that after all it must be nice to be a woman submitting to the act of copulation. The dreams and the phantasy are reported by Schreber in immediate succession; and if we also bring together their subject-matter, we shall be able to infer that, at the same time as his recollection of his illness, a recollection of his doctor was also aroused in his mind, and that the feminine attitude which he assumed in the phantasy was from the first directed towards the doctor. Or it may be that the dream of his illness having returned simply expressed some such longing as: 'I wish I could see Flechsig again!' Our ignorance of the mental content of the first illness bars our way in this direction. Perhaps that illness had left behind in him a feeling of affectionate dependence upon his doctor, which had now, for some unknown reason, become intensified to the pitch of an erotic desire. This feminine phantasy, which was still kept impersonal, was met at once by an indignant repudiation—a true 'masculine protest', to use Adler's expression, but in a sense different from his.[2] But in the severe psychosis which broke out soon afterwards the feminine phantasy carried everything before it; and it only requires a

[1] [See p. 13.]

[2] Adler (1910). According to Adler the masculine protest has a share in the production of the symptom, whereas in the present instance the patient is protesting against a symptom that is already fully fledged.

slight correction of the characteristic paranoic indefiniteness of Schreber's mode of expression to enable us to divine the fact that the patient was in fear of sexual abuse at the hands of his doctor himself. The exciting cause of his illness, then, was an outburst of homosexual libido; the object of this libido was probably from the very first his doctor, Flechsig; and his struggles against the libidinal impulse produced the conflict which gave rise to the symptoms.

I will pause here for a moment to meet a storm of remonstrances and objections. Any one acquainted with the present state of psychiatry must be prepared to face trouble.

'Is it not an act of irresponsible levity, an indiscretion and a calumny, to charge a man of such high ethical standing as the former Senatspräsident Schreber with homosexuality?' No. The patient has himself informed the world at large of his phantasy of being transformed into a woman, and he has allowed all personal considerations to be outweighed by interests of a higher nature. Thus he has himself given us the right to occupy ourselves with his phantasy, and in translating it into the technical terminology of medicine we have not made the slightest addition to its content.

'Yes, but he was not in his right mind when he did it. His delusion that he was being transformed into a woman was a pathological idea.' We have not forgotten that. Indeed our only concern is with the meaning and origin of this pathological idea. We will appeal to the distinction he himself draws between the man Flechsig and the 'Flechsig soul'. We are not making reproaches of any kind against him—whether for having had homosexual impulses or for having endeavoured to suppress them. Psychiatrists should at last take a lesson from this patient, when they see him trying, in spite of his delusions, not to confuse the world of the unconscious with the world of reality.

'But it is nowhere expressly stated that the transformation into a woman which he so much dreaded was to be carried out for the benefit of Flechsig.' That is true; and it is not difficult to understand why, in preparing his memoirs for publication, since he was anxious not to insult the 'man Flechsig', he should have avoided so gross an accusation. But the toning-down of his language owing to these considerations did not go so far as to be able to conceal the true meaning of his accusation. Indeed,

it may be maintained that after all it is expressed openly in such a passage as the following: 'In this way a conspiracy against me was brought to a head (in about March or April, 1894). Its object was to contrive that, when once my nervous complaint had been recognized as incurable or assumed to be so, *I should be handed over to a certain person* in such a manner that my soul should be delivered up to him, but my body . . . should be transformed into a female body, and *as such surrendered to the person in question* with a view to sexual abuse . . .'[1] (56). It is unnecessary to remark that no other individual is ever named who could be put in Flechsig's place. Towards the end of Schreber's stay in the clinic at Leipzig, a fear occurred to his mind that he 'was to be thrown to the attendants' for the purpose of sexual abuse (98). Any remaining doubts that we have upon the nature of the part originally attributed to the doctor are dispelled when, in the later stages of his delusion, we find Schreber outspokenly admitting his feminine attitude towards God. The other accusation against Flechsig echoes over-loudly through the book. Flechsig, he says, tried to commit soul-murder upon him. As we already know [p. 38 f.], the patient was himself not clear as to the actual nature of that crime, but it was connected with matters of discretion which precluded their publication (as we see from the suppressed third chapter). From this point a single thread takes us further. Schreber illustrates the nature of soul-murder by referring to the legends embodied in Goethe's *Faust*, Byron's *Manfred*, Weber's *Freischutz*, etc. (22), and one of these instances is further cited in another passage. In discussing the division of God into two persons, Schreber identifies his 'lower God' and 'upper God' with Ahriman and Ormuzd respectively (19); and a little later a casual footnote occurs: 'Moreover, the name of Ahriman also appears in connection with a soul-murder in, for example, Lord Byron's *Manfred*.' (20.) In the play which is thus referred to there is scarcely anything comparable to the bartering of Faust's soul, and I have searched it in vain for the expression 'soul-murder'. But the essence and the secret of the whole work lies in an incestuous relation between a brother and a sister. And here our thread breaks off short.[2]

[1] The italics in this passage are mine.

[2] By way of substantiating the above assertion I will quote a passage

At a later stage in this paper I intend to return to a discussion of some further objections; but in the meantime I shall consider myself justified in maintaining the view that the basis of Schreber's illness was the outburst of a homosexual impulse. This hypothesis harmonizes with a noteworthy detail of the case history, which remains otherwise inexplicable. The patient had a fresh 'nervous collapse', which exercised a decisive effect upon the course of his illness, at a time when his wife was taking a short holiday on account of her own health. Up till then she had spent several hours with him every day and had taken her mid-day meal with him. But when she returned after an absence of four days, she found him most sadly altered: so much so, indeed, that he himself no longer wished to see her. 'What especially determined my mental break-down was a particular night, during which I had a quite extraordinary number of emissions—quite half a dozen, all in that one night.' (44.) It is easy to understand that the mere presence of his wife must have acted as a protection against the attractive power of the men about him; and if we are prepared to admit that an emission cannot occur in an adult without some mental concomitant, we shall be able to supplement the patient's emissions that night by assuming that they were accompanied by homosexual phantasies which remained unconscious.

The question of why this outburst of homosexual libido

from the last scene of the play, in which Manfred says to the demon who has come to fetch him away:

> . . . my past power
> Was purchased by no compact with thy crew.

There is thus a direct contradiction of a soul having been bartered This mistake on Schreber's part was probably not without its significance. It is plausible, by the way, to connect the plot of *Manfred* with the incestuous relations which have repeatedly been asserted to exist between the poet and his half sister And it is not a little striking that the action of Byron's other play, his celebrated *Cain*, should be laid in the primal family, where no objections could exist to incest between brother and sister. Finally, we cannot leave the subject of soul-murder without quoting one more passage from the *Denkwürdigkeiten*: 'in this connection Flechsig used formerly to be named as the first author of soul-murder, whereas for some time past the facts have been deliberately inverted and an attempt has been made to "represent" myself as being the one who practises soul-murder . . .' (23.) [Cf. below, p. 53.]

overtook the patient precisely at this period (that is, between the dates of his appointment and of his move to Dresden) cannot be answered in the absence of more precise knowledge of the story of his life. Generally speaking, every human being oscillates all through his life between heterosexual and homosexual feelings, and any frustration or disappointment in the one direction is apt to drive him over into the other. We know nothing of these factors in Schreber's case, but we must not omit to draw attention to a somatic factor which may very well have been relevant. At the time of this illness Dr. Schreber was fifty-one years old, and he had therefore reached an age which is of critical importance in sexual life. It is a period at which in women the sexual function, after a phase of intensified activity, enters upon a process of far-reaching involution; nor do men appear to be exempt from its influence, for men as well as women are subject to a 'climacteric' and to the susceptibilities to disease which go along with it.[1]

I can well imagine what a dubious hypothesis it must appear to be to suppose that a man's friendly feeling towards his doctor can suddenly break out in an intensified form after a lapse of eight years [2] and become the occasion of such a severe mental disorder. But I do not think we should be justified in dismissing such a hypothesis merely on account of its inherent improbability, if it recommends itself to us on other grounds; we ought rather to inquire how far we shall get if we follow it up. For the improbability may be of a passing kind and may be due to the fact that the doubtful hypothesis has not as yet been brought into relation with any other pieces of knowledge and that it is the first hypothesis with which the problem has been approached. But for the benefit of those who are unable to hold their judge-

[1] I owe my knowledge of Schreber's age at the time of his illness to some information which was kindly given me by one of his relatives, through the agency of Dr. Stegmann of Dresden. Apart from this one fact, however, I have made use of no material in this paper that is not derived from the actual text of the *Denkwürdigkeiten*. [Freud, as we now know, obtained certain other facts from Dr. Stegmann of which he made no use in the published paper. See p. 6, *n.* 1, and p. 50, *n.* 3. The significance of the age of 51 is no doubt a survival of Fliess's numerical theories. Cf. the same figure in a dream of Freud's reported in *The Interpretation of Dreams* (1900*a*), *Standard Ed.*, 5, 438–9.]

[2] This was the length of the interval between Schreber's first and second illnesses.

ment in suspense and who regard our hypothesis as altogether untenable, it is easy to suggest a possibility which would rob it of its bewildering character. The patient's friendly feeling towards his doctor may very well have been due to a process of 'transference', by means of which an emotional cathexis became transposed from some person who was important to him on to the doctor who was in reality indifferent to him; so that the doctor will have been chosen as a deputy or surrogate for some one much closer to him. To put the matter in a more concrete form: the patient was reminded of his brother or father by the figure of the doctor, he rediscovered them in him; there will then be nothing to wonder at if, in certain circumstances, a longing for the surrogate figure reappeared in him and operated with a violence that is only to be explained in the light of its origin and primary significance.

With a view to following up this attempt at an explanation, I naturally thought it worth while discovering whether the patient's father was still alive at the time at which he fell ill, whether he had had a brother, and if so whether he was then living or among the 'blest'. I was pleased, therefore, when, after a prolonged search through the pages of the *Denkwürdigkeiten*, I came at last upon a passage in which the patient sets these doubts at rest: 'The memory of my father and my brother . . . is as sacred to me as . . .' etc. (442.) So that both of them were dead at the time of the onset of his second illness (and, it may be, of his first illness as well).[1]

We shall therefore, I think, raise no further objections to the hypothesis that the exciting cause of the illness was the appearance in him of a feminine (that is, a passive homosexual) wishful phantasy, which took as its object the figure of his doctor. An intense resistance to this phantasy arose on the part of Schreber's personality, and the ensuing defensive struggle, which might perhaps just as well have assumed some other shape, took on, for reasons unknown to us, that of a delusion of persecution. The person he longed for now became his persecutor, and the content of his wishful phantasy became the content of his persecution. It may be presumed that the same schematic outline will turn out to be applicable to other cases of delusions of persecution. What distinguishes Schreber's

[1] [His father had died in 1861 and his only brother in 1877 (Baumeyer, 1956, 74 and 69).]

case from others, however, is its further development and the transformation it underwent in the course of it.

One such change was the replacement of Flechsig by the superior figure of God. This seems at first as though it were a sign of aggravation of the conflict, an intensification of the unbearable persecution, but it soon becomes evident that it was preparing the way for the second change and, with it, the solution of the conflict. It was impossible for Schreber to become reconciled to playing the part of a female wanton towards his doctor; but the task of providing God Himself with the voluptuous sensations that He required called up no such resistance on the part of his ego. Emasculation was now no longer a disgrace; it became 'consonant with the Order of Things', it took its place in a great cosmic chain of events, and was instrumental in the re-creation of humanity after its extinction. 'A new race of men, born from the spirit of Schreber' would, so he thought, revere as their ancestor this man who believed himself the victim of persecution. By this means an outlet was provided which would satisfy both of the contending forces. His ego found compensation in his megalomania, while his feminine wishful phantasy made its way through and became acceptable. The struggle and the illness could cease. The patient's sense of reality, however, which had in the meantime become stronger, compelled him to postpone the solution from the present to the remote future, and to content himself with what might be described as an asymptotic wish-fulfilment.[1] Some time or other, he anticipated, his transformation into a woman would come about; until then the personality of Dr. Schreber would remain indestructible.

In textbooks of psychiatry we frequently come across statements to the effect that megalomania can develop out of delusions of persecution. The process is supposed to be as follows. The patient is primarily the victim of a delusion that he is being persecuted by powers of the greatest might. He then feels a need to account to himself for this, and in that way hits on the idea that he himself is a very exalted personage and worthy of such persecution. The development of megalomania

[1] 'It is only', he writes towards the end of the book, 'as possibilities which must be taken into account, that I mention that my emasculation may even yet be accomplished and may result in a new generation issuing from my womb by divine impregnation.' (293.)

is thus attributed by the textbooks to a process which (borrowing a useful word from Ernest Jones [1908], we may describe as 'rationalization'. But to ascribe such important affective consequences to a rationalization is, as it seems to us, an entirely unpsychological proceeding; and we would consequently draw a sharp distinction between our opinion and the one which we have quoted from the textbooks. We are making no claim, for the moment, to knowing the origin of the megalomania.[1]

Turning once more to the case of Schreber, we are bound to admit that any attempt at throwing light upon the transformation in his delusion brings us up against extraordinary difficulties. In what manner and by what means was the ascent from Flechsig to God brought about? From what source did he derive the megalomania which so fortunately enabled him to become reconciled to his persecution, or, in analytical phraseology, to accept the wishful phantasy which had had to be repressed? The *Denkwurdigkeiten* give us a first clue, for they show us that in the patient's mind 'Flechsig' and 'God' belonged to the same class In one of his phantasies he overheard a conversation between Flechsig and his wife, in which the former asserted that he was 'God Flechsig', so that his wife thought he had gone mad (82). But there is another feature in the development of Schreber's delusions which claims our attention. If we take a survey of the delusions as a whole we see that the persecutor is divided into Flechsig and God; in just the same way Flechsig himself subsequently splits up into two personalities, the 'upper' and the 'middle' Flechsig [p. 40], and God into the 'lower' and the 'upper' God. In the later stages of the illness the decomposition of Flechsig goes further still (193,. A process of decomposition of this kind is very characteristic of paranoia. Paranoia decomposes just as hysteria condenses. Or rather, paranoia resolves once more into their elements the products of the condensations and identifications which are effected in the unconscious.[2] The frequent repetition of the decomposing process in Schreber's case would, according to Jung, be an

[1] [The question is taken up again below, in connection with the concept of narcissism. See pp. 65 and 72–3]

[2] [There may possibly be some hint at this notion in the passage from the letter to Fliess of December 9, 1899, which is quoted in the Editor's Note to the paper on 'The Disposition to Obsessional Neurosis', p. 315 below.]

expression of the importance which the person in question possessed for him.[1] All of this dividing up of Flechsig and God into a number of persons thus had the same meaning as the splitting of the persecutor into Flechsig and God. They were all duplications of one and the same important relationship.[2] But in order to interpret all these details, we must further draw attention to our view of this decomposition of the persecutor into Flechsig and God as a paranoid reaction to a previously established identification of the two figures or their belonging to the same class. If the persecutor Flechsig was originally a person whom Schreber loved, then God must also simply be the reappearance of some one else whom he loved, and probably some one of greater importance.

If we pursue this train of thought, which seems to be a legitimate one, we shall be driven to the conclusion that this other person must have been his father; this makes it all the clearer that Flechsig must have stood for his brother—who, let us hope, may have been older than himself.[3] The feminine phantasy, which aroused such violent opposition in the patient, thus had its root in a longing, intensified to an erotic pitch, for his father and brother. This feeling, so far as it referred to his brother, passed, by a process of transference, on to his doctor, Flechsig; and when it was carried back on to his father a settlement of the conflict was reached.

We shall not feel that we have been justified in thus introducing Schreber's father into his delusions, unless the new hypothesis shows itself of some use to us in understanding the case and in elucidating details of the delusions which are as yet

[1] Jung (1910*a*) Jung is probably right when he goes on to say that this decomposition follows the general lines taken by schizophrenia in that it uses a process of analysis in order to produce a watering-down effect, and is thus designed to prevent the occurrence of unduly powerful impressions. When, however, one of his patients said to him: 'Oh, are you Dr. J. too? There was some one here this morning who said he was Dr J', we must interpret it as being an admission to this effect 'You remind me now of a different member of the class of my transferences from the one you reminded me of when you visited me last'

[2] Otto Rank (1909, has found the same process at work in the formation of myths.

[3] No information on this point is to be found in the *Denkwürdigkeiten*. [His only brother was, in fact, three years his senior (Baumeyer, 1956, 69). Freud had learnt that his 'guess was correct' through Dr. Stegmann. (See p. 6, *n.* 1, and p. 46, *n.* 1.)]

unintelligible. It will be recalled that Schreber's God and his relations to Him exhibited the most curious features: how they showed the strangest mixture of blasphemous criticism and mutinous insubordination on the one hand and of reverent devotion on the other. God, according to him, had succumbed to the misleading influence of Flechsig. He was incapable of learning anything by experience, and did not understand living men because He only knew how to deal with corpses; and He manifested His power in a succession of miracles which, striking though they might be, were none the less futile and silly.

Now the father of Senatspräsident Dr. Schreber was no insignificant person. He was the Dr. Daniel Gottlob[1] Moritz Schreber whose memory is kept green to this day by the numerous Schreber Associations which flourish especially in Saxony; and, moreover, he was a *physician*. His activities in favour of promoting the harmonious upbringing of the young, of securing co-ordination between education in the home and in the school, of introducing physical culture and manual work with a view to raising the standards of health — all this exerted a lasting influence upon his contemporaries.[2] His great reputation as the founder of therapeutic gymnastics in Germany is still shown by the wide circulation of his *Ärztliche Zimmergymnastik* in medical circles and the numerous editions through which it has passed.[3]

Such a father as this was by no means unsuitable for transfiguration into a God in the affectionate memory of the son from whom he had been so early separated by death. It is true that we cannot help feeling that there is an impassable gulf between the personality of God and that of any human being,

[1] [In all the German editions this name is given incorrectly as 'Gottlieb'.]

[2] I have to thank my colleague Dr. Stegmann of Dresden for his kindness in letting me see a copy of a journal entitled *Der Freund der Schreber-Vereine* [*The Friend of the Schreber Associations*]. This number (Vol. II, No. 10) celebrates the centenary of Dr. Schreber's birth, and some biographical data are contained in it. Dr. Schreber senior was born in 1808 and died in 1861, at the age of only fifty-three. From the source which I have already mentioned I know that our patient was at that time nineteen years old. [Some biographical information about Schreber's father will also be found in Baumeyer (1956, 74).]

[3] [Nearly forty in all. An English translation of the book appeared under the title *Medical Indoor Gymnastics* in 1856 and again in 1899 and 1912.]

however eminent he may be. But we must remember that this has not always been so. The gods of the peoples of antiquity stood in a closer human relationship to them. The Romans used to deify their dead emperors as a matter of routine; and the Emperor Vespasian, a sensible and competent man, exclaimed when he was first taken ill: 'Alas! Methinks I am becoming a God!'[1]

We are perfectly familiar with the infantile attitude of boys towards their father; it is composed of the same mixture of reverent submission and mutinous insubordination that we have found in Schreber's relation to his God, and is the unmistakable prototype of that relation, which is faithfully copied from it. But the circumstance that Schreber's father was a physician, and a most eminent physician, and one who was no doubt highly respected by his patients, is what explains the most striking characteristics of his God and those upon which he dwells in such a critical fashion. Could more bitter scorn be shown for such a physician than by declaring that he understands nothing about living men and only knows how to deal with corpses? No doubt it is an essential attribute of God to perform miracles; but a physician performs miracles too; he effects miraculous cures, as his enthusiastic clients proclaim. So that when we see that these very miracles (the material for which was provided by the patient's hypochondria) turn out to be incredible, absurd, and to some extent positively silly, we are reminded of the assertion in my *Interpretation of Dreams* that absurdity in dreams expresses ridicule and derision.[2] Evidently, therefore, it is used for the same purposes in paranoia. As regards some of the other reproaches which he levelled against God, such, for instance, as that He learned nothing by experience, it is natural to suppose that they are examples of the *tu quoque* mechanism used by children,[3] which, when they receive a reproof, flings it back unchanged upon the person who originated it. Similarly, the voices give us grounds

[1] Suetonius, *Lives of the Caesars*, Book VIII, Chapter 23. This practice of deification began with Julius Caesar. Augustus styled himself '*Divi filius*' ['the son of the God'] in his inscriptions.

[2] *Standard Ed.*, 5, 444–5.

[3] It looks remarkably like a *revanche* of this sort when we find the patient writing out the following memorandum one day '*Any attempt at exercising an educative influence must be abandoned as hopeless.*' (188.) The uneducable one was God.

for suspecting that the accusation of soul-murder brought against Flechsig was in the first instance a self-accusation [1]

Emboldened by the discovery that his father's profession helps to explain the peculiarities of Schreber's God, we shall now venture upon an interpretation which may throw some light upon the remarkable structure of that Being. The heavenly world consisted, as we know, of the 'anterior realms of God', which were also called the 'fore-courts of Heaven' and which contained the souls of the dead, and of the 'lower' and the 'upper' God, who together constituted the 'posterior realms of God' (19) [pp. 23–4]. Although we must be prepared to find that there is a condensation here which we shall not be able to resolve, it is nevertheless worth while referring to a clue that is already in our hands. If the 'miracled' birds, which have been shown to be girls, were originally fore-courts of Heaven [p. 35], may it not be that the *anterior* realms of God and the fore-courts[2] of Heaven are to be regarded as a symbol of what is female, and the *posterior* realms of God as a symbol of what is male? If we knew for certain that Schreber's dead brother was older than himself, we might suppose that the decomposition of God into the lower and the upper God gave expression to the patient's recollection that after his father's early death his elder brother had stepped into his place.[3]

In this connection, finally, I should like to draw attention to the subject of the *sun*, which, through its 'rays', came to have so much importance in the expression of his delusions. Schreber has a quite peculiar relation to the sun. It speaks to him in human language, and thus reveals itself to him as a living being, or as the organ of a yet higher being lying behind it (9). We learn from a medical report that at one time he 'used to shout threats and abuse at it and positively bellow at it' (382)[4] and used to call out to it that it must crawl away from him

[1] 'Whereas for some time past the facts have been deliberately inverted and an attempt has been made to "represent" myself as being the one who practises soul-murder . .' etc. (23). [See above p. 45, *n.*]

[2] [The German word '*Vorhof*' besides having the literal meaning of 'fore-court', is used in anatomy as a synonym for the 'vestibulum', a region of the female genitals The word appears in Freud's analysis of 'Dora' (1905*e*), *Standard Ed.*, 7, 99.]

[3] [Cf. footnote 3, p. 50]

[4] 'The sun is a whore', he used to exclaim (384).

and hide. He himself tells us that the sun turns pale before him.[1] The manner in which it is bound up with his fate is shown by the important alterations it undergoes as soon as changes begin to occur in him, as, for instance, during his first weeks at Sonnenstein (135). Schreber makes it easy for us to interpret this solar myth of his. He identifies the sun directly with God, sometimes with the lower God (Ahriman),[2] and sometimes with the upper. 'On the following day . . . I saw the upper God (Ormuzd), and this time not with my spiritual eyes but with my bodily ones. It was the sun, but not the sun in its ordinary aspect, as it is known to all men; it was . . .' etc. (137-8.) It is therefore no more than consistent of him to treat it in the same way as he treats God Himself.

The sun, therefore, is nothing but another sublimated symbol for the father; and in pointing this out I must disclaim all responsibility for the monotony of the solutions provided by psycho-analysis. In this instance symbolism overrides grammatical gender—at least so far as German goes,[3] for in most other languages the sun is masculine. Its counterpart in this picture of the two parents is 'Mother Earth' as she is generally called. We frequently come upon confirmations of this assertion in resolving the pathogenic phantasies of neurotics by psycho-analysis. I can make no more than the barest allusion to the relation of all this to cosmic myths. One of my patients, who had lost his father at a very early age, was always seeking to rediscover him in what was grand and sublime in Nature. Since I have known this, it has seemed to me probable that Nietzsche's hymn 'Vor Sonnenaufgang' ['Before Sunrise'] is an expression of the same longing.[4] Another patient, who became neurotic after his father's death, was seized with his first attack

[1] 'To some extent, moreover, even to this day the sun presents a different picture to my eyes from what it did before my illness. When I stand facing it and speak aloud, its rays turn pale before me. I can gaze at it without any difficulty and without being more than slightly dazzled by it; whereas in my healthy days it would have been as impossible for me as for anyone else to gaze at it for a minute at a time.' (139, footnote.) [The point is referred to again in Freud's Postscript to the paper, below, p. 80 ff.]

[2] 'Since July, 1894, the voices that talk to me have identified him [*Ahriman*] directly with the sun.' (88.)

[3] [The German word for 'sun' is feminine: '*die Sonne*'.]

[4] *Also Sprach Zarathustra*, Part III. It was only as a child that Nietzsche too knew his father.

of anxiety and giddiness while the sun shone upon him as he was working in the garden with a spade. He spontaneously put forward as an interpretation that he had become frightened because his father had looked at him while he was at work upon his mother with a sharp instrument. When I ventured upon a mild remonstrance, he gave an air of greater plausibility to his view by telling me that even in his father's lifetime he had compared him with the sun, though then it had been in a satirical sense. Whenever he had been asked where his father was going to spend the summer he had replied in these sonorous words from the 'Prologue in Heaven'

> Und seine vorgeschrieb'ne Reise
> Vollendet er mit Donnergang.[1]

His father, acting on medical advice, had been in the habit of paying an annual visit to Marienbad. This patient's infantile attitude towards his father took effect in two successive phases. As long as his father was alive it showed itself in unmitigated rebelliousness and open discord, but immediately after his death it took the form of a neurosis based upon abject submission and deferred obedience to him.[2]

Thus in the case of Schreber we find ourselves once again on the familiar ground of the father complex.[3] The patient's struggle with Flechsig became revealed to him as a conflict with God, and we must therefore construe it as an infantile conflict with the father whom he loved; the details of that conflict (of which we know nothing) are what determined the content of his delusions. None of the material which in other cases of the sort is brought to light by analysis is absent in the present one: every element is hinted at in one way or another. In infantile experiences such as this the father appears as an interferer with the satisfaction which the child is trying to obtain; this is usually of an auto-erotic character, though at a later date it is often replaced in phantasy by some other satisfaction of a less inglorious kind.[4] In the final stage of Schreber's

[1] ['And with a tread of thunder he accomplishes his prescribed journey.' Goethe, *Faust*, Part I.]

[2] [Cf. some comments on 'deferred obedience' in the analysis of 'Little Hans' (1909*b*), *Standard Ed.*, **10**, 35.]

[3] In the same way, Schreber's 'feminine wishful phantasy' is simply one of the typical forms taken by the infantile nuclear complex.

[4] See some remarks on this subject in my analysis of the 'Rat Man' (1909*d*), *Standard Ed.*, **10**, 206–8 *n.*

delusion a magnificent victory was scored by the infantile sexual urge; for voluptuousness became God-fearing, and God Himself (his father) never tired of demanding it from him. His father's most dreaded threat, castration, actually provided the material for his wishful phantasy (at first resisted but later accepted) of being transformed into a woman. His allusion to an offence covered by the surrogate idea 'soul-murder' could not be more transparent. The chief attendant was discovered to be identical with his neighbour von W. [p. 39 f.], who, according to the voices, had falsely accused him of masturbation (108). The voices said, as though giving grounds for the threat of castration: 'For you are to be *represented* as being given over to voluptuous excesses.' [1] (127-8.) Finally, we come to the enforced thinking (47) to which the patient submitted himself because he supposed that God would believe he had become an idiot and would withdraw from him if he ceased thinking for a moment. [See p. 25.] This is a reaction (with which we are also familiar in other connections) to the threat or fear of losing one's reason[2] as a result of indulging in sexual practices and especially in masturbation. Considering the enormous number of delusional ideas of a hypochondriacal nature[3] which the patient developed, no great importance should perhaps be attached to the fact that some of them

[1] The systems of 'representing' [128 *n.*] and of 'noting down' (126), taken in conjunction with the 'proved souls', point back to experiences in the patient's school days. [The process of purification of souls after death (p. 23) was known in the 'basic language' as '*Prüfung*'. This is the ordinary German word for a 'school examination', but is also used for 'testing' or 'proving' in general. Souls that had not yet been purified were called, not, as might have been expected, 'unproved', but, in accordance with the tendency of the 'basic language' to make use of euphemisms (p. 23), 'proved'. 'Representing' was similarly a term meaning '*mis*representing'. Another instance of its use will be found on p. 53, *n.* 1. By the system of 'noting down', all Schreber's thoughts, actions, and everything connected with him, were recorded year after year in note-books by half-witted beings, probably situated in remote heavenly bodies.]

[2] 'This was the end in view, as was frankly admitted at an earlier date in the phrase "We want to destroy your reason", which I have heard proceeding from the upper God upon countless occasions.' (206 *n.*)

[3] I must not omit to remark at this point that I shall not consider any theory of paranoia trustworthy unless it also covers the *hypochondriacal* symptoms by which that disorder is almost invariably accom-

coincide word for word with the hypochondriacal fears of masturbators.[1]

Any one who was more daring than I am in making interpretations, or who was in touch with Schreber's family and consequently better acquainted with the society in which he moved and the small events of his life, would find it an easy matter to trace back innumerable details of his delusions to their sources and so discover their meaning, and this in spite of the censorship to which the *Denkwürdigkeiten* have been subjected. But as it is, we must necessarily content ourselves with this shadowy sketch of the infantile material which was used by the paranoic disorder in portraying the current conflict.

Perhaps I may be allowed to add a few words with a view to establishing the causes of this conflict that broke out in relation to the feminine wishful phantasy. As we know, when a wishful phantasy makes its appearance, our business is to bring it into connection with some *frustration*,[2] some privation in real life. Now Schreber admits having suffered a privation of this kind. His marriage, which he describes as being in other respects a happy one, brought him no children; and in particular it brought him no son who might have consoled him on the loss of his father and brother and upon whom he might have drained off his unsatisfied homosexual affections.[3] His

panied. It seems to me that hypochondria stands in the same relation to paranoia as anxiety neurosis does to hysteria. [The position of hypochondria was discussed by Freud at some length at the beginning of Section II of his paper on narcissism (1914*c*), *Standard Ed.*, **14**, 83 ff.]

[1] 'For this reason attempts were made to pump out my spinal cord. This was done by means of so-called "little men" who were placed in my feet. I shall have more to say presently on the subject of these "little men", who showed some resemblance to the phenomena of the same name which I have already discussed in Chapter VI. There used as a rule to be two of them: a "little Flechsig" and a "little von W." and I used to hear their voices, too, in my feet.' (P. 174.) The word '*gleichnamigen*' ('of the same name') has been accidentally omitted from the quotation in all the German editions.] Von W. was the man who was supposed to have accused Schreber of masturbation. The 'little men' are described by Schreber himself as being among the most remarkable and, in some respects, the most puzzling phenomena of his illness. (P. 157.) It looks as though they were the product of a condensation of children and—spermatozoa.

[2] [See footnote 2 below, p. 62.]

[3] 'After my recovery from my first illness I spent eight years with my wife—years, upon the whole, of great happiness, real in outward

family line threatened to die out, and it seems that he felt no little pride in his birth and lineage. 'Both the Flechsigs and the Schrebers were members of "the highest nobility of Heaven", as the phrase went. The Schrebers in particular bore the title of "Margraves of Tuscany and Tasmania", for souls, urged by some sort of personal vanity, have a custom of adorning themselves with somewhat high-sounding titles borrowed from this world.' [1] (24.) The great Napoleon obtained a divorce from Josephine (though only after severe internal struggles, because she could not propagate the dynasty.[2] Dr. Schreber may have formed a phantasy that if he were a woman he would manage the business of having children more successfully; and he may thus have found his way back into the feminine attitude towards his father which he had exhibited in the earliest years of his childhood. If that were so, then his delusion that as a result of his emasculation the world was to be peopled with 'a new race of men, born from the spirit of Schreber' (288) a delusion the realization of which he was continually postponing to a more and more remote future—would also be designed to offer him an escape from his childlessness. If the 'little men' whom Schreber himself finds so puzzling were children, then we should have no difficulty in understanding why they were collected in such great numbers on his head (158): they were in truth the 'children of his spirit'.[3]

honours, and only clouded from time to time by the oft-repeated disappointment of our hope that we might be blessed with children.' (36).

[1] He goes on from this remark, which preserves in his delusions the good-natured irony of his saner days, to trace back through former centuries the relations between the Flechsig and Schreber families. In just the same way a young man who is newly engaged, and cannot understand how he can have lived so many years without knowing the girl he is now in love with, will insist that he really made her acquaintance at some earlier time.

[2] In this connection it is worth mentioning a protest entered by the patient against some statements made in the medical report: 'I have never trifled with the idea of obtaining a *divorce*, nor have I displayed any indifference to the maintenance of our marriage tie, such as might be inferred from the expression used in the report to the effect that "I am always ready with the rejoinder that my wife can get a divorce if she likes".' (436.)

[3] Cf. what I have said about the method of representing patrilineal descent and about the birth of Athena in my analysis of the 'Rat Man' (1909*d*), *Standard Ed.*, **10**, 233 *n.*

III

ON THE MECHANISM OF PARANOIA

We have hitherto been dealing with the father-complex, which was the dominant element in Schreber's case and with the wishful phantasy round which the illness centred. But in all of this there is nothing characteristic of the form of disease known as paranoia, nothing that might not be found (and that has not in fact been found) in other kinds of neuroses. The distinctive character of paranoia (or of dementia paranoides) must be sought for elsewhere—namely, in the particular form assumed by the symptoms, and we shall expect to find that this is determined, not by the nature of the complexes themselves, but by the mechanism by which the symptoms are formed or by which repression is brought about. We should be inclined to say that what was characteristically paranoic about the illness was the fact that the patient, as a means of warding off a homosexual wishful phantasy, reacted precisely with delusions of persecution of this kind.

These considerations therefore lend an added weight to the circumstance that we are in point of fact driven by experience to attribute to homosexual wishful phantasies an intimate (perhaps an invariable) relation to this particular form of disease. Distrusting my own experience on the subject, I have during the last few years joined with my friends C. G. Jung of Zurich and Sándor Ferenczi of Budapest in investigating upon this single point a number of cases of paranoid disorder which have come under observation. The patients whose histories provided the material for this enquiry included both men and women, and varied in race, occupation, and social standing. Yet we were astonished to find that in all of these cases a defence against a homosexual wish was clearly recognizable at the very centre of the conflict which underlay the disease, and that it was in an attempt to master an unconsciously reinforced current of homosexuality that they had all of them come to grief.[1] This was certainly not what we had expected.

[1] Further confirmation is afforded by Maeder's analysis of a paranoid patient J. B. (1910). The present paper, I regret to say, was completed before I had an opportunity of reading Maeder's work.

Paranoia is precisely a disorder in which a sexual aetiology is by no means obvious; far from this, the strikingly prominent features in the causation of paranoia, especially among males, are social humiliations and slights. But if we go into the matter only a little more deeply, we shall be able to see that the really operative factor in these social injuries lies in the part played in them by the homosexual components of emotional life. So long as the individual is functioning normally and it is consequently impossible to see into the depths of his mental life, we may doubt whether his emotional relations to his neighbours in society have anything to do with sexuality, either actually or in their genesis. But delusions never fail to uncover these relations and to trace back the social feelings to their roots in a directly sensual erotic wish. So long as he was healthy, Dr. Schreber, too, whose delusions culminated in a wishful phantasy of an unmistakably homosexual nature, had, by all accounts, shown no signs of homosexuality in the ordinary sense of the word.

I shall now endeavour (and I think the attempt is neither unnecessary nor unjustifiable) to show that the knowledge of psychological processes, which, thanks to psycho-analysis, we now possess, already enables us to understand the part played by a homosexual wish in the development of paranoia. Recent investigations[1] have directed our attention to a stage in the development of the libido which it passes through on the way from auto-erotism to object-love.[2] This stage has been given the name of narcissism.[3] What happens is this. There comes a time in the development of the individual at which he unifies his sexual instincts (which have hitherto been engaged in auto-erotic activities) in order to obtain a love-object, and he begins by taking himself, his own body, as his love-object, and only subsequently proceeds from this to the choice of some person

[1] Sadger (1910) and Freud (1910*c*).

[2] Freud, *Three Essays on the Theory of Sexuality* (1905*d*) [*Standard Ed.*, **7**, 217–18. The passage was added in the second edition, 1910].

[3] [In the original this sentence reads 'This stage has been described as "*Narzissismus*", I prefer to give it the name of "*Narzissmus*", which may not be so correct, but is shorter and less cacophonous.' The passage in the second edition of the *Three Essays* referred to in the last footnote was probably Freud's first mention of the subject in print. See the Editor's Note to his paper on narcissism (1914*c*), *Standard Ed.*, **14**, 69.]

other than himself as his object. This half-way phase between auto-erotism and object-love may perhaps be indispensable normally, but it appears that many people linger unusually long in this condition, and that many of its features are carried over by them into the later stages of their development. What is of chief importance in the subject's self thus chosen as a love-object may already be the genitals. The line of development then leads on to the choice of an external object with similar genitals—that is, to homosexual object-choice—and thence to heterosexuality. People who are manifest homosexuals in later life have, it may be presumed, never emancipated themselves from the binding condition that the object of their choice must possess genitals like their own; and in this connection the infantile sexual theories which attribute the same kind of genitals to both sexes exert much influence. [Cf. Freud, 1908*c*.]

After the stage of heterosexual object-choice has been reached, the homosexual tendencies are not, as might be supposed, done away with or brought to a stop; they are merely deflected from their sexual aim and applied to fresh uses. They now combine with portions of the ego-instincts and, as 'attached'[1] components, help to constitute the social instincts, thus contributing an erotic factor to friendship and comradeship, to *esprit de corps* and to the love of mankind in general. How large a contribution is in fact derived from erotic sources (with the sexual aim inhibited) could scarcely be guessed from the normal social relations of mankind. But it is not irrelevant to note that it is precisely manifest homosexuals, and among them again precisely those that set themselves against an indulgence in sensual acts, who are distinguished by taking a particularly active share in the general interests of humanity—interests which have themselves sprung from a sublimation of erotic instincts.

In my *Three Essays on the Theory of Sexuality* [*Standard Ed.*, **7**, 235] I have expressed the opinion that each stage in the development of psychosexuality affords a possibility of 'fixation'

[1] ['*Angelehnte*' (in quotation marks in the original). In his paper on narcissism (1914*c*), written some three years after the present paper, Freud explained his view that 'the sexual instincts are at the outset attached to ("*lehnen sich an*"), the satisfaction of the ego-instincts'. From this he derived his '*Anlehnungstypus*' ('attachment' or 'anaclitic type') of object-choice. See *Standard Ed.*, **14**, 87, footnote 2, for a discussion of the 'anaclitic type'.—Cf. also ibid., 126.]

and thus of a dispositional point.[1] People who have not freed themselves completely from the stage of narcissism – who, that is to say, have at that point a fixation which may operate as a disposition to a later illness – are exposed to the danger that some unusually intense wave of libido, finding no other outlet, may lead to a sexualization of their social instincts and so undo the sublimations which they had achieved in the course of their development. This result may be produced by anything that causes the libido to flow backwards (i.e. that causes a 'regression'): whether, on the one hand, the libido becomes collaterally reinforced owing to some disappointment over a woman, or is directly dammed up owing to a mishap in social relations with other men – both of these being instances of 'frustration', or whether, on the other hand, there is a general intensification of the libido, so that it becomes too powerful to find an outlet along the channels which are already open to it, and consequently bursts through its banks at the weakest spot.[2] Since our analyses show that paranoics *endeavour to protect themselves against any such sexualization of their social instinctual cathexes*, we are driven to suppose that the weak spot in their development is to be looked for somewhere between the stages of auto-erotism, narcissism and homosexuality, and that their disposition to illness (which may perhaps be susceptible of more precise definition) must be located in that region. A similar disposition would have to be assigned to patients suffering from Kraepelin's dementia praecox or (as Bleuler has named it) *schizophrenia*; and we shall hope later on to find clues which will enable us to trace back the differences between the two disorders (as regards both the form they take and the course they run) to corresponding differences in the patients' dispositional fixations.

In taking the view, then, that what lies at the core of the conflict in cases of paranoia among males is a homosexual wishful phantasy of *loving a man*, we shall certainly not forget that the confirmation of such an important hypothesis can only

[1] [This is further explained below at the beginning of the paper on 'The Disposition to Obsessional Neurosis' (1913), p. 317. The whole subject raised in this paragraph is dealt with more fully in that work.]

[2] [This question is discussed much more fully in Freud's slightly later paper on 'Types of Onset of Neurosis' (1912), p. 231, below. Freud's use of the term 'frustration', which has appeared already on p. 57, is considered in the Editor's Note to that paper.]

follow upon the investigation of a large number of instances of every variety of paranoic disorder. We must therefore be prepared, if need be, to limit our assertion to a single type of paranoia. Nevertheless, it is a remarkable fact that the familiar principal forms of paranoia can all be represented as contradictions of the single proposition: '*I* (a man) *love him* (a man)', and indeed that they exhaust all the possible ways in which such contradictions could be formulated.

The proposition 'I (a man) love him' is contradicted by:

(*a*) Delusions of *persecution*; for they loudly assert:

'I do not *love* him—I *hate* him.'

This contradiction, which must have run thus in the unconscious,[1] cannot, however, become conscious to a paranoic in this form. The mechanism of symptom formation in paranoia requires that internal perceptions—feelings—shall be replaced by external perceptions. Consequently the proposition 'I hate him' becomes transformed by *projection* into another one: '*He hates* (persecutes) *me*, which will justify me in hating him.' And thus the impelling unconscious feeling makes its appearance as though it were the consequence of an external perception:

'I do not *love* him—I *hate* him, because HE PERSECUTES ME.'

Observation leaves room for no doubt that the persecutor is some one who was once loved.

(*b*) Another element is chosen for contradiction in *erotomania*, which remains totally unintelligible on any other view:

'I do not love *him*—I love *her*.'

And in obedience to the same need for projection, the proposition is transformed into: 'I observe that *she* loves me.'

'I do not love *him*—I love *her*, because SHE LOVES ME.'

Many cases of erotomania might give an impression that they could be satisfactorily explained as being exaggerated or distorted heterosexual fixations, if our attention were not attracted by the circumstance that these infatuations invariably begin, not with any internal perception of loving, but with an external perception of being loved. But in this form of paranoia the intermediate proposition 'I love *her*' can also become conscious, because the contradiction between it and the original proposition is not a diametrical one, not so irreconcilable as that between love and hate: it is, after all, possible to love *her* as well as *him*. It can thus come about that the proposition which

[1] Or in the 'basic language' [p. 23], as Schreber would say.

has been substituted by projection (*'she loves me'*) may make way again for the 'basic language' proposition 'I love *her*'.

(*c*) The third way in which the original proposition can be contradicted would be by delusions of *jealousy*, which we can study in the characteristic forms in which they appear in each sex.

(*α*) Alcoholic delusions of jealousy. The part played by alcohol in this disorder is intelligible in every way. We know that that source of pleasure removes inhibitions and undoes sublimations. It is not infrequently disappointment over a woman that drives a man to drink — but this means, as a rule, that he resorts to the public-house and to the company of men, who afford him the emotional satisfaction which he has failed to get from his wife at home. If now these men become the objects of a strong libidinal cathexis in his unconscious, he will ward it off with the third kind of contradiction:

'It is not *I* who love the man — *she* loves him', and he suspects the woman in relation to all the men whom he himself is tempted to love.

Distortion by means of projection is necessarily absent in this instance, since, with the change of the subject who loves, the whole process is in any case thrown outside the self. The fact that the woman loves the men is a matter of external perception to him; whereas the facts that he himself does not love but hates, or that he himself loves not this but that person, are matters of internal perception.

(*β*) Delusions of jealousy in women are exactly analogous. 'It is not *I* who love the women — *he* loves them.' The jealous woman suspects her husband in relation to all the women by whom she is herself attracted owing to her homosexuality and the dispositional effect of her excessive narcissism. The influence of the time of life at which her fixation occurred is clearly shown by the selection of the love-objects which she imputes to her husband, they are often old and quite inappropriate for a real love relation — revivals of the nurses and servants and girls who were her friends in childhood, or sisters who were her actual rivals.

Now it might be supposed that a proposition consisting of three terms, such as '*I love him*', could only be contradicted in three different ways. Delusions of jealousy contradict the subject, delusions of persecution contradict the verb, and eroto-

mania contradicts the object. But in fact a fourth kind of contradiction is possible—namely, one which rejects the proposition as a whole:

'*I do not love at all—I do not love any one.*' And since, after all, one's libido must go somewhere, this proposition seems to be the psychological equivalent of the proposition: 'I love only myself.' So that this kind of contradiction would give us megalomania, which we may regard as a *sexual overvaluation of the ego* and may thus set beside the overvaluation of the love-object with which we are already familiar.[1]

It is of some importance in connection with other parts of the theory of paranoia to notice that we can detect an element of megalomania in most other forms of paranoic disorder. We are justified in assuming that megalomania is essentially of an infantile nature and that, as development proceeds, it is sacrificed to social considerations. Similarly, an individual's megalomania is never so vehemently suppressed as when he is in the grip of an overpowering love:

> Denn wo die Lieb' erwachet, stirbt
> das Ich, der finstere Despot.[2]

After this discussion of the unexpectedly important part played by homosexual wishful phantasies in paranoia, let us return to the two factors in which we expected from the first to find the distinguishing marks of paranoia, namely, the mechanism *by which the symptoms are formed* and the mechanism *by which repression is brought about* [p. 59].

We certainly have no right to begin by assuming that these two mechanisms are identical, and that symptom-formation follows the same path as repression, each proceeding along it, perhaps, in an opposite direction. Nor does there seem to be

[1] *Three Essays on the Theory of Sexuality* (1905*d*), *Standard Ed.*, 7, 130 f. The same view and the same formulation will be found in the papers by Abraham and Maeder to which I have already referred [pp. 41 *n.* and 59 *n.*].

[2] From the *Ghazals* of Muhammad ibn Muhammad (Jalal al-Din) *Rumi*, translated by Rückert.

> [For when the flames of love arise,
> Then Self, the gloomy tyrant, dies.

In Rückert's version the word '*dunkele*' ('dark') appears in place of '*finstere*'.]

any great probability that such an identity exists. Nevertheless, we shall refrain from expressing any opinion on the subject until we have completed our investigation.

The most striking characteristic of symptom-formation in paranoia is the process which deserves the name of *projection*. An internal perception is suppressed, and, instead, its content, after undergoing a certain kind of distortion, enters consciousness in the form of an external perception. In delusions of persecution the distortion consists in a transformation of affect, what should have been felt internally as love is perceived externally as hate. We should feel tempted to regard this remarkable process as the most important element in paranoia and as being absolutely pathognomonic for it, if we were not opportunely reminded of two things. In the first place, projection does not play the same part in all forms of paranoia, and, in the second place, it makes its appearance not only in paranoia but under other psychological conditions as well, and in fact it has a regular share assigned to it in our attitude towards the external world. For when we refer the causes of certain sensations to the external world, instead of looking for them (as we do in the case of others, inside ourselves, this normal proceeding, too, deserves to be called projection. Having thus been made aware that more general psychological problems are involved in the question of the nature of projection, let us make up our minds to postpone the investigation of it (and with it that of the mechanism of paranoic symptom-formation in general) until some other occasion,[1] and let us now turn to consider what ideas we can collect on the subject of the mechanism of repression in paranoia. I should like to say at once, in justification of this temporary renunciation, that we shall find that the manner in which the process of repression occurs is far more intimately connected with the developmental history of the libido and with the disposition to which it gives rise than is the manner in which symptoms are formed.

In psycho-analysis we have been accustomed to look upon pathological phenomena as being derived in a general way from repression. If we examine what is spoken of as 'repression'

[1] [There seems no trace of any such later discussion. Freud may perhaps have dealt with the subject in one of the missing metapsychological papers. See the Editor's Introduction to the 'Papers on Metapsychology', *Standard Ed.*, **14**, 106.]

more closely, we shall find reason to split the process up into three phases which are easily distinguishable from one another conceptually.[1]

(1) The first phase consists in *fixation*, which is the precursor and necessary condition of every 'repression'. Fixation can be described in this way. One instinct or instinctual component fails to accompany the rest along the anticipated normal path of development, and, in consequence of this inhibition in its development, it is left behind at a more infantile stage. The libidinal current in question then behaves in relation to later psychological structures like one belonging to the system of the unconscious, like one that is repressed. We have already shown [pp. 61–2] that these instinctual fixations constitute the basis for the disposition to subsequent illness, and we may now add that they constitute above all the basis for the determination of the outcome of the third phase of repression.

(2) The second phase of repression is that of repression proper—the phase to which most attention has hitherto been given. It emanates from the more highly developed systems of the ego—systems which are capable of being conscious—and may in fact be described as a process of 'after-pressure'. It gives an impression of being an essentially active process, while fixation appears in fact to be a passive lagging behind. What undergo repression may either be the psychical derivatives of the original lagging instincts, when these have become reinforced and so come into conflict with the ego (or ego-syntonic instincts), or they may be psychical trends which have for other reasons aroused strong aversion. But this aversion would not in itself lead to repression, unless some connection had been established between the unwelcome trends which have to be repressed and those which have been repressed already. Where this is so, the repulsion exercised by the conscious system and the attraction exercised by the unconscious one tend in the same direction towards bringing about repression. The two possibilities which are here treated separately may in practice, perhaps, be less sharply differentiated, and the distinction between them may merely depend upon the greater or lesser

[1] [What follows is repeated somewhat differently in the metapsychological paper on 'Repression' (1915*d*), *Standard Ed.*, **14**, 148. It had already been outlined by Freud in a letter to Ferenczi of December 6, 1910 (Jones, 1955, 499).]

degree in which the primarily repressed instincts contribute to the result.

(3) The third phase, and the most important as regards pathological phenomena, is that of failure of repression, of *irruption*, of *return of the repressed*. This irruption takes its start from the point of fixation, and it implies a regression of the libidinal development to that point.

We have already [p. 61 f.] alluded to the multiplicity of the possible points of fixation; there are, in fact, as many as there are stages in the development of the libido We must be prepared to find a similar multiplicity of the mechanisms of repression proper and of the mechanisms of irruption (or of symptom formation), and we may already begin to suspect that it will not be possible to trace back all of these multiplicities to the developmental history of the libido alone.

It is easy to see that this discussion is beginning to trench upon the problem of 'choice of neurosis', which, however, cannot be taken in hand until preliminary work of another kind has been accomplished.[1] Let us bear in mind for the present that we have already dealt with fixation, and that we have postponed the subject of symptom-formation; and let us restrict ourselves to the question of whether the analysis of Schreber's case throws any light upon the mechanism of repression proper which predominates in paranoia.

At the climax of his illness, under the influence of visions which were 'partly of a terrifying character, but partly, too, of an indescribable grandeur' (73), Schreber became convinced of the imminence of a great catastrophe, of the end of the world. Voices told him that the work of the past 14,000 years had now come to nothing, and that the earth's allotted span was only 212 years more (71); and during the last part of his stay in Flechsig's clinic he believed that that period had already elapsed. He himself was 'the only real man left alive', and the few human shapes that he still saw the doctor, the attendants, the other patients he explained as being 'miracled up, cursorily improvised men'. Occasionally the converse current of feeling also made itself apparent. a newspaper was put into his hands in which there was a report of his own death (81); he himself existed in a second, inferior shape, and in this second shape he one day quietly passed away (73). But the form of his

[1] [The problem is further considered on pp. 71 f. and 77 f. below.]

delusion in which his ego was retained and the world sacrificed proved itself by far the more powerful. He had various theories of the cause of the catastrophe. At one time he had in mind a process of glaciation owing to the withdrawal of the sun, at another it was to be destruction by an earthquake, in the occurrence of which he, in his capacity of 'seer of spirits', was to act a leading part, just as another seer was alleged to have done in the Lisbon earthquake of 1755 (91). Or again, Flechsig was the culprit, since through his magic arts he had sown fear and terror among men, had wrecked the foundations of religion, and spread abroad general nervous disorders and immorality, so that devastating pestilences had descended upon mankind (91). In any case the end of the world was the consequence of the conflict which had broken out between him and Flechsig, or, according to the aetiology adopted in the second phase of his delusion, of the indissoluble bond which had been formed between him and God; it was, in fact, the inevitable result of his illness. Years afterwards, when Dr. Schreber had returned to human society, and could find no trace in the books, the musical scores, or the other articles of daily use which fell into his hands once more, of anything to bear out his theory that there had been a gap of vast duration in the history of mankind, he admitted that his view was no longer tenable. ' . . . I can no longer avoid recognizing that, *externally considered*, everything is as it used to be. *Whether, nevertheless, there may not have been a profound internal change* is a question to which I shall recur later.' (84–5.) He could not bring himself to doubt that during his illness the world had come to an end and that, in spite of everything, the one that he now saw before him was a different one.

A world-catastrophe of this kind is not infrequent during the agitated stage in other cases of paranoia.[1] If we base ourselves on our theory of libidinal cathexis, and if we follow the hint given by Schreber's view of other people as being 'cursorily improvised men', we shall not find it difficult to explain these

[1] An 'end of the world' based upon other motives is to be found at the climax of the ecstasy of love (cf. Wagner's *Tristan und Isolde*), in this case it is not the ego but the single love-object which absorbs all the cathexes directed upon the external world. [Freud recurred to this point in his paper on narcissism (1914*c*), *Standard Ed.*, **14**, 76.]

catastrophes.[1] The patient has withdrawn from the people in his environment and from the external world generally the libidinal cathexis which he has hitherto directed on to them. Thus everything has become indifferent and irrelevant to him, and has to be explained by means of a secondary rationalization as being 'miracled up, cursorily improvised'. The end of the world is the projection of this internal catastrophe; his subjective world has come to an end since his withdrawal of his love from it.[2]

After Faust has uttered the curses which free him from the world, the Chorus of Spirits sings:

> Weh! Weh!
> Du hast sie zerstört,
> die schöne Welt,
> mit mächtiger Faust!
> sie stürzt, sie zerfällt!
> Ein Halbgott hat sie zerschlagen!
>
> . . . . .
>
> Mächtiger
> der Erdensöhne,
> Prächtiger
> baue sie wieder,
> in deinem Busen baue sie auf![3]

And the paranoic builds it again, not more splendid, it is

[1] Cf. Abraham (1908) and Jung (1907). Abraham's short paper contains almost all the essential views put forward in the present study of the case of Schreber.

[2] He has perhaps withdrawn from it not only his libidinal cathexis, but his interest in general – that is, the cathexes that proceed from his ego as well. This question is discussed below [p. 73 ff.].

[3] [Woe! Woe!
Thou hast it destroyed,
The beautiful world,
With powerful fist!
In ruins 'tis hurled,
By the blow of a demigod shattered!

. . . . .

Mightier
For the children of men,
More splendid
Build it again,
In thine own bosom build it anew!

GOETHE, *Faust*, Part I, Scene 4.
(Bayard Taylor's translation, modified.)]

true, but at least so that he can once more live in it. He builds it up by the work of his delusions. *The delusional formation, which we take to be the pathological product, is in reality an attempt at recovery, a process of reconstruction.*[1] Such a reconstruction after the catastrophe is successful to a greater or lesser extent, but never wholly so; in Schreber's words, there has been a 'profound internal change' in the world. But the human subject has recaptured a relation, and often a very intense one, to the people and things in the world, even though the relation is a hostile one now, where formerly it was hopefully affectionate. We may say, then, that the process of repression proper consists in a detachment of the libido from people and things that were previously loved. It happens silently; we receive no intelligence of it, but can only infer it from subsequent events. What forces itself so noisily upon our attention is the process of recovery, which undoes the work of repression and brings back the libido again on to the people it had abandoned. In paranoia this process is carried out by the method of projection. It was incorrect to say that the perception which was suppressed internally is projected outwards; the truth is rather, as we now see, that what was abolished internally returns from without. The thorough examination of the process of projection which we have postponed to another occasion[2] will clear up our remaining doubts on this subject.

In the meantime, however, it is a source of some satisfaction to find that our newly acquired knowledge involves us in a number of further discussions.

(1) Our first reflection will tell us that it cannot be the case that this detachment of the libido occurs exclusively in paranoia, nor can it be that, where it occurs elsewhere, it has such disastrous consequences. It is quite possible that a detachment of the libido is the essential and regular mechanism of every repression. We can have no positive knowledge on that point until the other disorders that are based upon repression

[1] [Freud returned to this idea and extended it to the symptoms of other psychoses below, on p. 77, as well as in his paper on narcissism (1914*c*), *Standard Ed.*, 14, 74 and 86, in 'The Unconscious' (1915*e*), ibid., 203–4, and in the metapsychological paper on dreams (1917*d*), ibid., 230.]

[2] [See footnote, p. 66.]

have been similarly examined. But it is certain that in normal mental life (and not only in periods of mourning) we are constantly detaching our libido in this way from people or from other objects without falling ill. When Faust freed himself from the world by uttering his curses, the result was not a paranoia or any other neurosis but simply a certain general frame of mind. The detachment of the libido, therefore, cannot in itself be the pathogenic factor in paranoia; there must be some special characteristic which distinguishes a paranoic detachment of the libido from other kinds. It is not difficult to suggest what that characteristic may be. What use is made of the libido after it has been set free by the process of detachment? A normal person will at once begin looking about for a substitute for the lost attachment, and until that substitute has been found the liberated libido will be kept in suspension within his mind, and will there give rise to tensions and colour his mood. In hysteria the liberated libido becomes transformed into somatic innervations or into anxiety. But in paranoia the clinical evidence goes to show that the libido, after it has been withdrawn from the object, is put to a special use. It will be remembered [p. 65] that the majority of cases of paranoia exhibit traces of megalomania, and that megalomania can by itself constitute a paranoia. From this it may be concluded that in paranoia the liberated libido becomes attached to the ego, and is used for the aggrandizement of the ego.[1] A return is thus made to the stage of narcissism (known to us from the development of the libido), in which a person's only sexual object is his own ego. On the basis of this clinical evidence we can suppose that paranoics have brought along with them a *fixation at the stage of narcissism*, and we can assert that the length of *the step back from sublimated homosexuality to narcissism* is a measure of the amount of *regression* characteristic of paranoia.[2]

(2) An equally plausible objection can be based upon Schreber's case history, as well as upon many others. For it can be urged that the delusions of persecution (which were directed against Flechsig) unquestionably made their appearance at an earlier date than the phantasy of the end of the

[1] [The part played by megalomania in schizophrenia is further investigated in the paper on narcissism (1914c), *Standard Ed.*, **14**, 80.]

[2] [See further 'The Disposition to Obsessional Neurosis' (1913), p. 318 below.]

world; so that what is supposed to have been a return of the repressed actually preceded the repression itself and this is patent nonsense. In order to meet this objection we must leave the high ground of generalization and descend to the detailed consideration of actual circumstances, which are undoubtedly very much more complicated. We must admit the possibility that a detachment of the libido such as we are discussing might just as easily be a partial one, a drawing back from some single complex, as a general one. A partial detachment should be by far the commoner of the two, and should precede a general one, since to begin with it is only for a partial detachment that the influences of life provide a motive. The process may then stop at the stage of a partial detachment or it may spread to a general one, which will loudly proclaim its presence in the symptoms of megalomania. Thus the detachment of the libido from the figure of Flechsig may nevertheless have been what was primary in the case of Schreber; it was immediately followed by the appearance of the delusion, which brought back the libido on to Flechsig again (though with a negative sign to mark the fact that repression had taken place) and thus annulled the work of repression. And now the battle of repression broke out anew, but this time with more powerful weapons. In proportion as the object of contention became the most important thing in the external world, trying on the one hand to draw the whole of the libido on to itself, and on the other hand mobilizing all the resistances against itself, so the struggle raging around this single object became more and more comparable to a general engagement; till at length a victory for the forces of repression found expression in a conviction that the world had come to an end and that the self alone survived. If we review the ingenious constructions which were raised by Schreber's delusion in the domain of religion—the hierarchy of God, the proved souls, the fore-courts of Heaven, the lower and the upper God—we can gauge in retrospect the wealth of sublimations which were brought down in ruin by the catastrophe of the general detachment of his libido.

(3) A third consideration which arises from the views that have been developed in these pages is as follows. Are we to suppose that a general detachment of the libido from the external world would be an effective enough agent to account for the 'end of the world'? Or would not the ego-

cathexes[1] which still remained in existence have been sufficient to maintain *rapport* with the external world? To meet this difficulty we should either have to assume that what we call libidinal cathexis (that is, interest emanating from erotic sources) coincides with interest in general, or we should have to consider the possibility that a very widespread disturbance in the distribution of libido may bring about a corresponding disturbance in the ego-cathexes. But these are problems which we are still quite helpless and incompetent to solve. It would be otherwise if we could start out from some well-grounded theory of instincts; but in fact we have nothing of the kind at our disposal. We regard instinct as being the concept on the frontier-line between the somatic and the mental, and see in it the psychical representative of organic forces.[2] Further, we accept the popular distinction between ego-instincts and a sexual instinct, for such a distinction seems to agree with the biological conception that the individual has a double orientation, aiming on the one hand at self-preservation and on the other at the preservation of the species. But beyond this are only hypotheses, which we have taken up — and are quite ready to drop again — in order to help us to find our bearings in the chaos of the obscurer processes of the mind. What we expect from psycho-analytic investigations of pathological mental processes is precisely that they shall drive us to some conclusions on questions connected with the theory of instincts. These investigations, however, are in their infancy and are only being carried out by isolated workers, so that the

[1] ['*Ichbesetzungen*.' This German word, which occurs twice more in what follows, is unfortunately ambiguous. It may mean either 'cathexes *of* the ego' or 'cathexes *by* the ego'. The ambiguity remains in the English 'ego-cathexes'. There can, however, be no doubt that in the present context the second of the two possible meanings, 'cathexes *by* the ego', is intended. The word is the equivalent of what is elsewhere called '*Ichinteresse*' ('ego-interest' — e.g. in the paper on narcissism, *Standard Ed.*, **14**, 82). This is directly implied, indeed, in the very next sentence, and has moreover been explicitly stated in footnote 2 on p. 70 above. Occasionally Freud uses the word in its other possible sense — to mean 'cathexis *of* the ego'. Thus, for instance, he speaks of '*die Ichbesetzung mit Libido*' ('the cathexis of the ego with libido'), once again in the paper on narcissism (ibid., 85). This ambiguity, unless it is borne in mind, may open the door to serious confusion.]

[2] [A discussion of this and other questions raised in this paragraph will be found in the Editor's Note to the metapsychological paper on 'Instincts and their Vicissitudes' (1915*c*), *Standard Ed.*, **14**, 111 ff.]

hopes we place in them must still remain unfulfilled. We can no more dismiss the possibility that disturbances of the libido may react upon the ego-cathexes than we can overlook the converse possibility namely, that a secondary or induced disturbance of the libidinal processes may result from abnormal changes in the ego. Indeed, it is probable that processes of this kind constitute the distinctive characteristic of psychoses. How much of all this may apply to paranoia it is impossible at present to say. There is one consideration, however, on which I should like to lay stress. It cannot be asserted that a paranoic, even at the height of the repression, withdraws his interest from the external world completely as must be considered to occur in certain other kinds of hallucinatory psychosis (such as Meynert's amentia). The paranoic perceives the external world and takes into account any alterations that may happen in it, and the effect it makes upon him stimulates him to invent explanatory theories (such as Schreber's 'cursorily improvised men'). It therefore appears to me far more probable that the paranoic's altered relation to the world is to be explained entirely or in the main by the loss of his libidinal interest.[1]

(4) It is impossible to avoid asking, in view of the close connection between the two disorders, how far this conception of paranoia will affect our conception of dementia praecox. I am of opinion that Kraepelin was entirely justified in taking the step of separating off a large part of what had hitherto been called paranoia and merging it, together with catatonia and certain other forms of disease, into a new clinical unit though 'dementia praecox' was a particularly unhappy name to choose for it. The designation chosen by Bleuler for the same group of forms—'schizophrenia' is also open to the objection that the name appears appropriate only so long as we forget its literal meaning.[2] For otherwise it prejudices the issue, since it is based on a characteristic of the disease which is theoretically postulated—a characteristic, moreover, which does not belong exclusively to that disease, and which, in the light of other considerations, cannot be regarded as the essential one. However, it is not on the whole of very great importance what names

[1] [This paragraph was the basis of criticisms by Jung which are discussed by Freud at the end of the first section of his paper on narcissism (1914c), *Standard Ed.*, **14**, 79–81.]

[2] [I.e. 'split mind'.]

we give to clinical pictures. What seems to me more essential is that paranoia should be maintained as an independent clinical type, however frequently the picture it offers may be complicated by the presence of schizophrenic features. For, from the standpoint of the libido theory, while it would resemble dementia praecox in so far as the repression proper would in both disorders have the same principal feature—detachment of the libido, together with its regression on to the ego—it would be distinguished from dementia praecox by having its dispositional fixation differently located and by having a different mechanism for the return of the repressed (that is, for the formation of symptoms). It would seem to me the most convenient plan to give dementia praecox the name of *paraphrenia*. This term has no special connotation, and it would serve to indicate a relationship with paranoia (a name which cannot be changed) and would further recall hebephrenia, an entity which is now merged in dementia praecox. It is true that the name has already been proposed for other purposes; but this need not concern us, since the alternative applications have not passed into general use.[1]

Abraham has very convincingly shown[2] that the turning

[1] [Freud's suggestion, as introduced for the first time in this passage, seemed evidently to be that the term 'paraphrenia' should replace 'dementia praecox' and 'schizophrenia', and should be distinct from the kindred 'paranoia'. He continued to use the term in this sense for instance, in the technical paper 'On Beginning the Treatment' (1913*c*), p. 124 below. Not long afterwards, however, he began to use it in a wider sense, as a combined term to cover *both* 'dementia praecox' *and* 'paranoia'. This is made quite clear in the paper on narcissism (1914*c*), in which (*Standard Ed.*, **14**, 82) he classes dementia praecox and paranoia together as 'the paraphrenias' and (ibid., 86) distinguishes 'dementia praecox or paraphrenia proper' from 'paranoia'. That the change in meaning was made deliberately is shown by a passage in 'The Disposition to Obsessional Neurosis' (1913*i*), p. 318 below. Here, in the first edition of the paper, published at the end of 1913, Freud spoke of 'the two other psychoneuroses, which are termed by me paraphrenia and paranoia'. But when the paper was reprinted in 1918, the last clause was altered to 'which I have brought together under the heading of "paraphrenia"'. Finally, in Lecture XXVI of the *Introductory Lectures* (1916–17) he wrote 'I once ventured to suggest that paranoia and dementia praecox should be brought together under the common designation of paraphrenia'. Thereafter, however, he seems to have dropped his attempt to introduce the term.]

[2] In the paper already quoted [p. 70 *n.* 1].

away of the libido from the external world is a particularly clearly marked feature in dementia praecox. From this feature we infer that the repression is effected by means of detachment of the libido. Here once more we may regard the phase of violent hallucinations as a struggle between repression and an attempt at recovery by bringing the libido back again on to its objects. [Cf. p. 71.] Jung, with extraordinary analytic acumen, has perceived that the deliria[1] and motor stereotypes occurring in this disorder are the residues of former object-cathexes, clung to with great persistence. This attempt at recovery, which observers mistake for the disease itself, does not, as in paranoia, make use of projection, but employs a hallucinatory (hysterical) mechanism. This is one of the two major respects in which dementia praecox differs from paranoia; and this difference can be explained genetically from another direction.[2] The second difference is shown by the outcome of the disease in those cases where the process has not remained too restricted. The prognosis is on the whole more unfavourable than in paranoia. The victory lies with repression and not, as in the former, with reconstruction. The regression extends not merely to narcissism (manifesting itself in the shape of megalomania) but to a complete abandonment of object-love and a return to infantile auto-erotism. The dispositional fixation must therefore be situated further back than in paranoia, and must lie somewhere at the beginning of the course of development from auto-erotism to object-love. Moreover, it is not at all likely that homosexual impulsions, which are so frequently—perhaps invariably—to be found in paranoia, play an equally important part in the aetiology of that far more comprehensive disorder, dementia praecox.

Our hypotheses as to the dispositional fixations in paranoia and paraphrenia make it easy to see that a case may begin with paranoic symptoms and may yet develop into a dementia praecox, and that paranoid and schizophrenic phenomena may be combined in any proportion. And we can understand how

[1] [In French and German psychiatry the word 'delirium' is often used of delusional states. See also Freud's use of it in the 'Rat Man' case history (1909*d*, *Standard Ed.*, **10**, 222.]

[2] [The genetic explanation of the difference appears three sentences lower down—in the earlier dispositional fixation in the case of dementia praecox.]

a clinical picture such as Schreber's can come about, and merit the name of a paranoid dementia, from the fact that in its production of a wishful phantasy and of hallucinations it shows paraphrenic traits, while in its exciting cause, in its use of the mechanism of projection, and in its outcome it exhibits a paranoid character. For it is possible for several fixations to be left behind in the course of development, and each of these in succession may allow an irruption of the libido that has been pushed off beginning, perhaps, with the later acquired fixations, and going on, as the illness develops, to the original ones that lie nearer the starting-point.[1] We should be glad to know to what conditions the relatively favourable issue of the present case is due; for we cannot willingly attribute the whole responsibility for the outcome to anything so casual as the 'improvement due to change in domicile',[2] which set in after the patient's removal from Flechsig's clinic. But our insufficient acquaintance with the intimate circumstances of the history of the case makes it impossible to give an answer to this interesting question. It may be suspected, however, that what enabled Schreber to reconcile himself to his homosexual phantasy, and so made it possible for his illness to terminate in something approximating to a recovery, may have been the fact that his father-complex was in the main positively toned and that in real life the later years of his relationship with an excellent father had probably been unclouded.

Since I neither fear the criticism of others nor shrink from criticizing myself, I have no motive for avoiding the mention of a similarity which may possibly damage our Libido theory in the estimation of many of my readers. Schreber's 'rays of God', which are made up of a condensation of the sun's rays, of nerve-fibres, and of spermatozoa [p. 22], are in reality nothing else than a concrete representation and projection outwards of libidinal cathexes, and they thus lend his delusions a striking conformity with our theory. His belief that the world must come to an end because his ego was attracting all the rays to

[1] [A case of this pattern, which changed from a hysteria to an obsessional neurosis, plays a large part in the paper on 'The Disposition to Obsessional Neurosis' (1913i), written by Freud not long after the present work (p. 319 ff. below).]

[2] Cf. Riklin (1905).

itself, his anxious concern at a later period, during the process of reconstruction, lest God should sever His ray-connection with him,—these and many other details of Schreber's delusional structure sound almost like endopsychic perceptions of the processes whose existence I have assumed in these pages as the basis of our explanation of paranoia. I can nevertheless call a friend and fellow-specialist to witness that I had developed my theory of paranoia before I became acquainted with the contents of Schreber's book. It remains for the future to decide whether there is more delusion in my theory than I should like to admit, or whether there is more truth in Schreber's delusion than other people are as yet prepared to believe.

Lastly, I cannot conclude the present work, which is once again only a fragment of a larger whole, without foreshadowing the two chief theses towards the establishment of which the libido theory of the neuroses and psychoses is advancing, namely, that the neuroses arise in the main from a conflict between the ego and the sexual instinct, and that the forms which the neuroses assume retain the imprint of the course of development followed by the libido—and by the ego.

POSTSCRIPT
(1912 [1911])

In dealing with the case history of Senatspräsident Schreber[1] I purposely restricted myself to a minimum of interpretation; and I feel confident that every reader with a knowledge of psycho-analysis will have learned from the material which I presented more than was explicitly stated by me, and that he will have found no difficulty in drawing the threads closer and in reaching conclusions at which I no more than hinted. By a happy chance the same issue of this periodical as that in which my own paper appeared showed that the attention of some other contributors had been directed to Schreber's autobiography, and made it easy to guess how much more material remains to be gathered from the symbolic content of the phantasies and delusions of this gifted paranoic.[2]

Since I published my work upon Schreber, a chance acquisition of knowledge has put me in a position to appreciate one of his delusional beliefs more adequately, and to recognize the wealth of its bearing upon *mythology*. I mentioned on p. 53 the patient's peculiar relation to the sun, and I was led to explain the sun as a sublimated 'father-symbol'. The sun used to speak to him in human language and thus revealed itself to him as a living being. Schreber was in the habit of abusing it and shouting threats at it; he declares, moreover, that when he stood facing it and spoke aloud, its rays would turn pale before him. After his 'recovery' he boasts that he can gaze at it without any difficulty and without being more than slightly dazzled by it, a thing which would naturally have been impossible for him formerly.[3]

It is to this delusional privilege of being able to gaze at the sun without being dazzled that the mythological interest attaches. We read in Reinach[4] that the natural historians of

[1] [In the first edition only, the following footnote appeared at this point: 'See my paper in the first half-volume of the *Jahrbuch* (Vol. III), which is based on the *Denkwürdigkeiten eines Nervenkranken*.']

[2] Cf. Jung (1911, 164 and 207f.); and Spielrein (1911, 350f.).

[3] See the footnote to page 139 of Schreber's book [which is quoted above on p. 54, n. 1].

[4] Reinach (1905–12, **3**, 80), quoting Keller (1887 [268]).

antiquity attributed this power to the eagle alone, who, as a dweller in the highest regions of the air, was brought into especially intimate relation with the heavens, with the sun, and with lightning.[1] We learn from the same sources, moreover, that the eagle puts his young to a test before recognizing them as his legitimate offspring. Unless they can succeed in looking into the sun without blinking they are thrown out of the eyrie.

There can be no doubt about the meaning of this animal myth. It is certain that this is merely ascribing to animals something that is a hallowed custom among men. The procedure gone through by the eagle with his young is an *ordeal*, a test of lineage, such as is reported of the most various races of antiquity. Thus the Celts living on the banks of the Rhine used to entrust their new-born babies to the waters of the river, in order to ascertain whether they were truly of their own blood. The clan of Psylli, who inhabited what is now Tripoli, boasted that they were descended from snakes, and used to expose their infants to contact with them, those who were true-born children of the clan were either not bitten or recovered rapidly from the effects of the bite.[2] The assumption underlying these trials leads us deep into the *totemic* habits of thought of primitive peoples. The totem—an animal, or a natural force animistically conceived, to which the tribe traces back its origin—spares the members of the tribe as being its own children, just as it itself is honoured by them as being their ancestor and is spared by them. We have here arrived at the consideration of matters which, as it seems to me, may make it possible to arrive at a psycho-analytic explanation of the origins of religion.[3]

The eagle, then, who makes his young look into the sun and requires of them that they shall not be dazzled by its light, is behaving as though he were himself a descendant of the sun and were submitting his children to a test of their ancestry. And when Schreber boasts that he can look into the sun unscathed and undazzled, he has rediscovered the mythological method of expressing his filial relation to the sun, and has confirmed

[1] Representations of eagles were set up at the highest points of temples, so as to serve as 'magical' lightning-conductors. Cf. Reinach, loc. cit.)

[2] For lists of references see Reinach, loc. cit. and Ibid., 1, 74.

[3] [Freud followed up this line of thought not long afterwards in his *Totem and Taboo* (1912–13).]

us once again in our view that the sun is a symbol of the father. It will be remembered that during his illness Schreber gave free expression to his family pride,[1] and that we discovered in the fact of his childlessness a human motive for his having fallen ill with a feminine wishful phantasy [p. 58]. Thus the connection between his delusional privilege[2] and the basis of his illness becomes evident.

This short postscript to my analysis of a paranoid patient may serve to show that Jung had excellent grounds for his assertion that the mythopoeic forces of mankind are not extinct, but that to this very day they give rise in the neuroses to the same psychical products as in the remotest past ages. I should like to take up a suggestion that I myself made some time ago,[3] and add that the same holds good of the forces that construct religions. And I am of opinion that the time will soon be ripe for us to make an extension of a thesis which has long been asserted by psycho-analysts, and to complete what has hitherto had only an individual and ontogenetic application by the addition of its anthropological counterpart, which is to be conceived phylogenetically. 'In dreams and in neuroses', so our thesis has run, 'we come once more upon the *child* and the peculiarities which characterize his modes of thought and his emotional life.' 'And we come upon the *savage* too,' we may now add, 'upon the *primitive* man, as he stands revealed to us in the light of the researches of archaeology and of ethnology.'

[1] The Schrebers are 'members of the highest nobility of Heaven' (24). [See above, p. 58.] '*Adel*' is the attribute of an '*Adler*'. ['*Adel*' means 'nobility' or 'noble'. '*Adler*' means 'eagle' or 'noble (person)'.]

[2] [Of being able to look into the sun.]

[3] 'Obsessive Acts and Religious Practices' (1907*b*).

PAPERS ON TECHNIQUE
(1911–1915 [1914])

PAPERS ON TECHNIQUE

EDITOR'S INTRODUCTION

In his contribution to *Studies on Hysteria* (1895*d*), Freud gave a very full account of the psychotherapeutic procedure which he had evolved on the basis of Breuer's discoveries. This may be described as the 'pressure' technique and it still included considerable elements of suggestion, though it was advancing rapidly towards what he was soon to call the 'psycho-analytic' method. An examination of the list of Freud's technical writings printed below (p. 172) will show that after this, apart from two very sketchy accounts dating from 1903 and 1904, he published no general description of his technique for more than fifteen years. What little we know of his methods during this period has mainly to be inferred from incidental remarks – for instance, in *The Interpretation of Dreams* (1900*a*) – and more particularly from what is revealed in his three major case histories of the period, 'Dora' (1905*e* [1901]), 'Little Hans' (1909*b*) and the 'Rat Man' (1909*d*). (The two last of these, incidentally, fall very near the end of this period of relative silence.) We learn from Dr. Ernest Jones (1955, 258 ff.) that already in 1908 Freud was toying with the idea of writing an *Allgemeine Technik der Psychoanalyse* (*A General Account of Psycho-Analytic Technique*). It was intended to run to some fifty pages, and thirty-six of these had already been written by the end of the year. But at this point there was a hold-up, and he decided to put off finishing it until the summer vacation of 1909. But when this arrived, there was the 'Rat Man' paper to complete and the visit to America to prepare for, and the work on technique was once again left on one side. Nevertheless, during that same summer Freud told Dr. Jones that he was planning 'a little memorandum of maxims and rules of technique', which was to be distributed privately among his closest followers only. Thereafter nothing more was heard on the subject until the paper on 'The Future Prospects of Psycho-Analysis', which he read at the end of March of the following year to the Nuremberg Congress (1910*d*). In that paper, which itself touched on the question of

technique, he announced that he intended 'in the near future' to produce an *Allgemeine Methodik der Psychoanalyse* (*A General Methodology of Psycho-Analysis*) presumably a systematic work on technique (*Standard Ed.*, **11**, 142). But once again, except for the critical comment on 'wild' analysis written a few months later (1910*k*), there was a delay of over eighteen months, and it was not until the end of 1911 that a start was made with the publication of the following six papers.

The first four of them were published in fairly rapid succession over the next fifteen months (between December, 1911, and March, 1913). There was then another pause, and the last two papers of the series appeared in November, 1914, and January, 1915. These two, however, were actually finished by the end of July, 1914 just before the outbreak of the first World War. Although the six papers were thus spread over some two and a half years, Freud seems to have regarded them as forming a series, as will be seen from the footnote to the fourth of them (p. 123) and the fact that the last four originally shared a common title; moreover he reprinted them together in his fourth collection of shorter papers in 1918 under the heading 'Zur Technik der Psychoanalyse' ('On the Technique of Psycho-Analysis'). We have therefore thought it right in this instance to disregard chronology and include the whole series in the present volume.

Though these six papers cover a great number of important subjects, they can scarcely be described as a systematic exposition of the psycho-analytic technique. They nevertheless represent Freud's nearest approach to one, for in the twenty years that followed their publication he made no more than a couple more explicit contributions to the subject: a discussion of 'active' methods of treatment in his Budapest congress paper (1919*a* [1918]) and a few pieces of practical advice on dream-interpretation (1923*c*). Beyond these, we have chiefly to rely as before on incidental matter in case histories, in particular in the 'Wolf Man' analysis (1918*b* [1914]), which was more or less contemporary with the present papers. In addition, there is, of course, the long statement of the principles underlying psycho-analytic therapy in Lectures XXVII and XXVIII of his *Introductory Lectures* (1916-17), though this is perhaps hardly to be regarded as a direct contribution to questions of technique. It was indeed only at the very end of his life, in 1937, that he

once more returned to that topic in two important papers of an explicitly technical nature (1937*c* and 1937*d*).

The relative paucity of Freud's writings on technique, as well as his hesitations and delays over their production, suggests that there was some feeling of reluctance on his part to publishing this kind of material. And this, indeed, seems to have been the case, for a variety of reasons. He certainly disliked the notion of future patients knowing too much about the details of his technique, and he was aware that they would eagerly scan whatever he wrote on the subject. (This feeling is exemplified by his proposal, mentioned above, to restrict the circulation of a work on technique to a limited number of analysts.)[1] But, apart from this, he was highly sceptical as to the value to beginners of what might be described as 'Aids to Young Analysts'. It is only in the third and fourth papers in this series that anything at all resembling that is to be found. This was in part because, as he tells us in the paper 'On Beginning the Treatment', the psychological factors involved (including the personality of the analyst) are too complex and variable to make any hard and fast rules possible. Such rules could be of value only if the grounds for them were properly understood and digested, and in fact a very large part of these papers is devoted to an exposition of the mechanism of psycho-analytic therapy and, indeed, of psychotherapy in general. Once this mechanism was grasped, it became possible to account for the reactions of the patient (and of the analyst) and to form a judgement upon the probable effects and merits of any particular technical device.

Behind all his discussions of technique, however, Freud never ceased to insist that a proper mastery of the subject could only be acquired from clinical experience and not from books. Clinical experience with patients, no doubt, but, above all, clinical experience from the analyst's own analysis. This, as Freud became more and more convinced, was the fundamental necessity for every practising psycho-analyst. He had put forward this idea rather tentatively at first, e.g. in 'The Future Prospects of Psycho-Analytic Therapy' (1910*d*, *Standard Ed.*, **11**, 145), it is expressed more definitely in one of the present series (p. 116f.; and in one of his very last writings, 'Analysis Terminable and

[1] The absence of any full discussion in his writings of the phenomenon of 'counter-transference' (see p. 109 *n.*, may perhaps be taken as another example of this feeling.

Interminable' (1937*c*), he lays it down that every analyst ought periodically, perhaps every five years, to re-enter analysis. The papers on technique which follow have clearly to be read with a constant sense of this governing condition behind them.

Finally, it may be remarked that in the present series of papers Freud makes no reference to the question of whether the possession of a medical qualification is a no less necessary attribute of every psycho-analyst. In these papers it seems to be taken for granted that the analyst will be a doctor and he is far more often than not spoken of as such: the word '*Arzt*'—'physician' or 'doctor'—is scattered plentifully over them. Freud's first published approach to the possible emergence of non-medical psycho-analysts was in fact contemporaneous with the last of these papers and will be found below (p. 330 f.) in his introduction to a book by Pfister. His main discussions of the subject came much later, in his *brochure* on lay analysis (1926*e*)[1] and his postscript to it (1927*a*). It may be conjectured that if he had written the present papers later in his career, the word '*Arzt*' would have occurred less frequently. Indeed, in his last two papers on technique (1937*c* and 1937*d*) it does not occur at all: its place is everywhere taken by '*Analytiker*'—'analyst'.

[1] There are, incidentally, considerable borrowings from the present series of papers, sometimes almost word for word, in Chapter V of that work.

THE HANDLING OF DREAM-INTERPRETATION IN PSYCHO-ANALYSIS

(1911)

DIE HANDHABUNG DER TRAUMDEUTUNG IN DER PSYCHOANALYSE

(*a*) GERMAN EDITIONS:

1911 *Zbl. Psychoan.*, **2** (3), 109–13.
1918 *S.K.S.N.*, **4**, 378–85. (1922, 2nd ed.)
1924 *Technik und Metapsychol.*, 45–52.
1925 *G.S.*, **6**, 45–52.
1931 *Neurosenlehre und Technik*, 321–8.
1943 *G.W.*, **8**, 350–7.

(*b*) ENGLISH TRANSLATION:

'The Employment of Dream-Interpretation in Psycho-Analysis'

1924 *C.P.*, **2**, 305–11. (Tr. Joan Riviere.)

The present translation is a modified version, with a slightly altered title, of the one published in 1924.

The paper was first published in December, 1911. Its topic, as the title implies, is a restricted one. It is concerned with dreams solely as they appear in a therapeutic analysis. Some further contributions to the same subject will be found in Sections I to VIII of 'Remarks on the Theory and Practice of Dream-Interpretation' (1923*c*).

THE HANDLING OF DREAM-INTERPRETATION IN PSYCHO-ANALYSIS

THE *Zentralblatt fur Psychoanalyse*[1] was not designed solely to keep its readers informed of the advances made in psycho-analytic knowledge, and itself to publish comparatively short contributions to the subject,[2] it aims also at accomplishing the further tasks of presenting to the student a clear outline of what is already known, and of economizing the time and efforts of beginners in analytic practice by offering them suitable instructions. Henceforward, therefore, articles of a didactic nature and on technical subjects, not necessarily containing new matter, will appear as well in this journal.

The question with which I now intend to deal is not that of the technique of dream-interpretation: neither the methods by which dreams should be interpreted nor the use of such interpretations when made will be considered, but only the way in which the analyst should employ the art of dream-interpretation in the psycho-analytic treatment of patients. There are undoubtedly different ways of going to work in the matter, but then the answer to questions of technique in analysis is never a matter of course. Although there may perhaps be more than one good road to follow, still there are very many bad ones, and a comparison of the various methods cannot fail to be illuminating, even if it should not lead to a decision in favour of any particular one.

Anyone coming from dream-interpretation to analytic practice will retain his interest in the content of dreams, and his inclination will be to interpret as fully as possible every dream related by the patient. But he will soon remark that he is now working under quite different conditions, and that if he attempts to carry out his intention he will come into collision with the most immediate tasks of the treatment. Even if a patient's first dream proves to be admirably suited for the

[1] [The periodical in which this paper first appeared.]

[2] [Longer papers were published in the *Jahrbuch*. See *Standard Ed.*, 14, 46–7.]

introduction of the first explanations to be given, other dreams will promptly appear, so long and so obscure that the full meaning cannot be extracted from them in the limited session of one day's work. If the doctor continues the work of interpretation during the following days, fresh dreams will be produced in the meantime and these will have to be put aside until he can regard the first dream as finally resolved. The production of dreams is at times so copious, and the patient's progress towards comprehension of them so hesitant, that a suspicion will force itself on the analyst that the appearance of the material in this manner may be simply a manifestation of the patient's resistance taking advantage of the discovery that the method is unable to master what is so presented. Moreover, the treatment will meanwhile have fallen quite a distance behind the present and have lost touch with actuality. In opposition to such a technique stands the rule that it is of the greatest importance for the treatment that the analyst should always be aware of the surface of the patient's mind at any given moment, that he should know what complexes and resistances are active in him at the time and what conscious reaction to them will govern his behaviour. It is scarcely ever right to sacrifice this therapeutic aim to an interest in dream-interpretation.

What then, if we bear this rule in mind, is to be our attitude to interpreting dreams in analysis? More or less as follows: The amount of interpretation which can be achieved in one session should be taken as sufficient and it is not to be regarded as a loss if the content of the dream is not fully discovered. On the following day, the interpretation of the dream is not to be taken up again as a matter of course, until it has become evident that nothing else has meanwhile forced its way into the foreground of the patient's thoughts. Thus no exception in favour of an interrupted dream-interpretation is to be made to the rule that the first thing that comes into the patient's head is the first thing to be dealt with. If fresh dreams occur before the earlier ones have been disposed of, the more recent productions are to be attended to, and no uneasiness need be felt about neglecting the older ones. If the dreams become altogether too diffuse and voluminous, all hope of completely unravelling them should tacitly be given up from the start. One must in general guard against displaying very special interest in the interpretation of dreams, or arousing an idea in the patient that

the work would come to a standstill if he were to bring up no dreams; otherwise there is a danger of the resistance being directed to the production of dreams, with a consequent cessation of them. The patient must be brought to believe, on the contrary, that the analysis invariably finds material for its continuation, regardless of whether or no he brings up dreams or what amount of attention is devoted to them.

It will now be asked whether we shall not be giving up too much valuable material which might throw light on the unconscious if dream-interpretation is only to be carried out subject to such restrictions of method. The answer to this is that the loss is by no means so great as might appear from a superficial view of the matter. To begin with, it must be recognized that in cases of severe neurosis any elaborate dream-productions must from the nature of things be regarded as incapable of complete solution. A dream of this kind is often based on the entire pathogenic material of the case, as yet unknown to both doctor and patient (so called 'programme-dreams' and biographical dreams[1]), and is sometimes equivalent to a translation into dream-language of the whole content of the neurosis. In the attempt to interpret such a dream all the latent, as yet untouched, resistances will be roused to activity and soon set a limit to its understanding The full interpretation of such a dream will coincide with the completion of the whole analysis; if a note is made of it at the beginning, it may be possible to understand it at the end, many months later. It is the same as with the elucidation of a single symptom (the main symptom, perhaps). The whole analysis is needed to explain it; in the course of the treatment one must endeavour to lay hold first of this, then of that, fragment of the symptom's meaning, one after another, until they can all be pieced together. Similarly, no more can be expected of a dream occurring in the early stages of the analysis; one must be content if the attempt at interpretation brings a single pathogenic wishful impulse to light.[2]

Thus nothing attainable is renounced if one gives up the idea of a complete dream-interpretation; nor is anything lost as a

[1] [See *The Interpretation of Dreams* (1900*a*), *Standard Ed.*, **5**, 348 and 366 *n.*]

[2] [For a long discussion of the limits to the possibility of interpreting dreams see Section A of 'Some Additional Notes upon Dream-Interpretation as a Whole' (1925*i*).]

rule if one breaks off the interpretation of a comparatively old dream and turns to a more recent one. We have found from fine examples of fully analysed dreams that several successive scenes of one dream may have the same content, which may find expression in them with increasing clarity; and we have learnt, too, that several dreams occurring in the same night need be nothing more than attempts, expressed in various forms, to represent one meaning.[1] In general, we may rest assured that every wishful impulse which creates a dream to-day will re-appear in other dreams as long as it has not been understood and withdrawn from the domination of the unconscious. It often happens, therefore, that the best way to complete the interpretation of a dream is to leave it and to devote one's attention to a new dream, which may contain the same material in a possibly more accessible form. I know that it is asking a great deal, not only of the patient but also of the doctor, to expect them to give up their conscious purposive aims during the treatment, and to abandon themselves to a guidance which, in spite of everything, still seems to us 'accidental'. But I can answer for it that one is rewarded every time one resolves to have faith in one's own theoretical principles, and prevails upon oneself not to dispute the guidance of the unconscious in establishing connecting links.

I submit, therefore, that dream-interpretation should not be pursued in analytic treatment as an art for its own sake, but that its handling should be subject to those technical rules that govern the conduct of the treatment as a whole. Occasionally, of course, one can act otherwise and allow a little free play to one's theoretical interest; but one should always be aware of what one is doing. Another situation to be considered is one which has arisen since we have acquired more confidence in our understanding of dream-symbolism, and know ourselves to be more independent of the patient's associations. An unusually skilful dream-interpreter will sometimes find himself in the position of being able to see through every one of a patient's dreams without requiring him to go through the tedious and time-absorbing process of working over them. Such an analyst is thus exempt from any conflict between the demands of dream-interpretation and those of the treatment. Moreover he will be tempted to make full use of dream-interpretation on

[1] [See *The Interpretation of Dreams*, *Standard Ed.*, 5, 525.]

every occasion, by telling the patient everything he has detected in his dreams. In doing so, however, he will have adopted a method of treatment which departs considerably from the established one, as I shall point out in another connection.[1] Beginners in psycho-analytic practice, at any rate, are advised not to take this exceptional case as a model.

Every analyst is in the position of the superior dream-interpreter, whom we have been imagining, in regard to the very first dreams that his patients bring, before they have learnt anything of the technique of translating dreams. These initial dreams may be described as unsophisticated: they betray a great deal to the listener, like the dreams of so-called healthy people. The question then arises whether the analyst is at once to translate to the patient all that he himself reads from them. This, however, is not the place for answering this question, for it evidently forms part of a wider one: at what stage in the treatment and how rapidly should the analyst introduce the patient to the knowledge of what lies veiled in his mind?[2] The more the patient has learnt of the practice of dream-interpretation, the more obscure do his later dreams as a rule become. All the knowledge acquired about dreams serves also to put the dream-constructing process on its guard.

In the 'scientific' works about dreams, which in spite of their repudiation of dream-interpretation have received a new stimulus from psycho-analysis, one constantly finds that scrupulous care is most unnecessarily attached to the accurate preservation of the text of the dream. This is supposed to need protection from distortions and attritions in the hours immediately after waking. Some psycho-analysts, even, in giving the patient instructions to write down every dream immediately upon waking, seem not to rely consistently enough upon their knowledge of the conditions of dream formation. In therapeutic work this rule is superfluous,[3] and patients are glad to make use of it to disturb their sleep and to display great zeal where it can

[1] [This is possibly a reference to a passage in the paper 'On Beginning the Treatment', p. 140 f. below.]

[2] [This is dealt with in the paper 'On Beginning the Treatment', p. 139 ff. below.]

[3] [For *scientific* purposes, and in the analysis of his own dreams, Freud wrote down their text. See, for instance, *The Interpretation of Dreams*, *Standard Ed.*, **4**, 106 and **5**, 455 *n*. The question of the 'text' of dreams is further discussed there, ibid., **5**, 512–15.]

serve no useful purpose. For even if the text of a dream is in this way laboriously rescued from oblivion, it is easy enough to convince oneself that nothing has been achieved for the patient. Associations will not come to the text, and the result is the same as if the dream had not been preserved. No doubt the doctor has acquired some knowledge which he would not have done otherwise. But it is not the same thing whether the analyst knows something or the patient knows it; the importance of this distinction for the technique of psycho-analysis will be more fully considered elsewhere.[1]

In conclusion, I will mention a particular type of dream which, in the nature of the case, occurs only in the course of psycho-analytic treatment, and may bewilder or mislead beginners These are the corroborative dreams which, as it were, 'tag along behind';[2] they are easily accessible to analysis, and their translation merely presents what the treatment has inferred during the last few days from the material of the daily associations. When this happens, it looks as though the patient has been amiable enough to bring us in dream-form exactly what we had been 'suggesting' to him immediately before. The more experienced analyst will no doubt have some difficulty in attributing any such amiability to the patient; he accepts such dreams as hoped-for confirmations, and recognizes that they are only observed under certain conditions brought about by the influence of the treatment. The great majority of dreams forge ahead of the analysis; so that, after subtraction of everything in them which is already known and understood, there still remains a more or less clear hint at something which has hitherto been hidden.

[1] [In the later part of 'On Beginning the Treatment', p. 141 f. below.]

[2] [Cf. Section VII of 'Remarks upon the Theory and Practice of Dream-Interpretation' (1923*c*).]

THE DYNAMICS OF TRANSFERENCE
(1912)

ZUR DYNAMIK DER ÜBERTRAGUNG

(*a*) GERMAN EDITIONS:

1912 *Zbl. Psychoan.*, **2** (4), 167–73.
1918 *S.K.S.N.*, **4**, 388–98. (1922, 2nd ed.)
1924 *Technik und Metapsychol.*, 53–63.
1925 *G.S.*, **6**, 53–63.
1931 *Neurosenlehre und Technik*, 328–40.
1943 *G.W.*, **8**, 364–74.

(*b*) ENGLISH TRANSLATION:

'The Dynamics of Transference'

1924 *C.P.*, **2**, 312–22. (Tr. Joan Riviere.)

The present translation, by James Strachey, appears here for the first time.

Though Freud included this paper (published in January, 1912) in the series on technique, it is in fact more in the nature of a theoretical examination of the phenomenon of transference and of the way in which it operates in analytic treatment. Freud had already approached the question in some short remarks at the end of the case history of 'Dora' (1905*e* [1901]), *Standard Ed.*, **7**, 116–17. He dealt with it much more fully in the last half of Lecture XXVII and the first half of Lecture XXVIII of his *Introductory Lectures* (1916–17); and, near the end of his life, made a number of important comments on the subject in the course of his long paper 'Analysis Terminable and Interminable' (1937*c*).

THE DYNAMICS OF TRANSFERENCE

THE almost inexhaustible topic of transference has recently been dealt with by Wilhelm Stekel [1911*b*] in this journal[1] on descriptive lines. I should like in the following pages to add a few remarks to explain how it is that transference is necessarily brought about during a psycho-analytic treatment, and how it comes to play its familiar part in it.

It must be understood that each individual, through the combined operation of his innate disposition and the influences brought to bear on him during his early years, has acquired a specific method of his own in his conduct of his erotic life—that is, in the preconditions to falling in love which he lays down, in the instincts he satisfies and the aims he sets himself in the course of it.[2] This produces what might be described as a

[1] [The *Zentralblatt für Psychoanalyse*, in which the present paper first appeared.]

[2] I take this opportunity of defending myself against the mistaken charge of having denied the importance of innate (constitutional) factors because I have stressed that of infantile impressions. A charge such as this arises from the restricted nature of what men look for in the field of causation: in contrast to what ordinarily holds good in the real world, people prefer to be satisfied with a single causative factor. Psychoanalysis has talked a lot about the accidental factors in aetiology and little about the constitutional ones; but that is only because it was able to contribute something fresh to the former, while, to begin with, it knew no more than was commonly known about the latter. We refuse to posit any contrast in principle between the two sets of aetiological factors, on the contrary, we assume that the two sets regularly act jointly in bringing about the observed result. *Δαίμων καὶ Τύχη* [Endowment and Chance] determine a man's fate; rarely or never one of these powers alone. The amount of aetiological effectiveness to be attributed to each of them can only be arrived at in every individual case separately. These cases may be arranged in a series according to the varying proportion in which the two factors are present, and this series will no doubt have its extreme cases. We shall estimate the share taken by constitution or experience differently in individual cases according to the stage reached by our knowledge, and we shall retain the right to modify our judgement along with changes in our understanding. Incidentally, one might venture to regard constitution itself as a precipitate from the accidental effects produced on the endlessly long chain of our ancestors.

stereotype plate (or several such), which is constantly repeated — constantly reprinted afresh — in the course of the person's life, so far as external circumstances and the nature of the love-objects accessible to him permit, and which is certainly not entirely insusceptible to change in the face of recent experiences. Now, our observations have shown that only a portion of these impulses which determine the course of erotic life have passed through the full process of psychical development. That portion is directed towards reality, is at the disposal of the conscious personality, and forms a part of it. Another portion of the libidinal impulses has been held up in the course of development; it has been kept away from the conscious personality and from reality, and has either been prevented from further expansion except in phantasy or has remained wholly in the unconscious so that it is unknown to the personality's consciousness. If someone's need for love is not entirely satisfied by reality, he is bound to approach every new person whom he meets with libidinal anticipatory ideas; and it is highly probable that both portions of his libido, the portion that is capable of becoming conscious as well as the unconscious one, have a share in forming that attitude.

Thus it is a perfectly normal and intelligible thing that the libidinal cathexis of someone who is partly unsatisfied, a cathexis which is held ready in anticipation, should be directed as well to the figure of the doctor. It follows from our earlier hypothesis that this cathexis will have recourse to prototypes, will attach itself to one of the stereotype plates which are present in the subject; or, to put the position in another way, the cathexis will introduce the doctor into one of the psychical 'series' which the patient has already formed. If the 'father-imago', to use the apt term introduced by Jung (1911, 164), is the decisive factor in bringing this about, the outcome will tally with the real relations of the subject to his doctor. But the transference is not tied to this particular prototype: it may also come about on the lines of the mother-imago or brother-imago. The peculiarities of the transference to the doctor, thanks to which it exceeds, both in amount and nature, anything that could be justified on sensible or rational grounds, are made intelligible if we bear in mind that this transference has precisely been set up not only by the *conscious* anticipatory ideas but also by those that have been held back or are unconscious.

There would be nothing more to discuss or worry about in this behaviour of transference, if it were not that two points remain unexplained about it which are of particular interest to psycho-analysis. Firstly, we do not understand why transference is so much more intense with neurotic subjects in analysis than it is with other such people who are not being analysed; and secondly, it remains a puzzle why in analysis transference emerges as *the most powerful resistance* to the treatment, whereas outside analysis it must be regarded as the vehicle of cure and the condition of success. For our experience has shown us—and the fact can be confirmed as often as we please—that if a patient's free associations fail[1] the stoppage can invariably be removed by an assurance that he is being dominated at the moment by an association which is concerned with the doctor himself or with something connected with him. As soon as this explanation is given, the stoppage is removed, or the situation is changed from one in which the associations fail into one in which they are being kept back. At first sight it appears to be an immense disadvantage in psycho-analysis as a method that what is elsewhere the strongest factor towards success is changed in it into the most powerful medium of resistance. If, however, we examine the situation more closely, we can at least clear away the first of our two problems. It is not a fact that transference emerges with greater intensity and lack of restraint during psycho-analysis than outside it. In institutions in which nerve patients are treated non-analytically, we can observe transference occurring with the greatest intensity and in the most unworthy forms, extending to nothing less than mental bondage, and moreover showing the plainest erotic colouring. Gabriele Reuter, with her sharp powers of observation, described this at a time when there was no such thing as psycho-analysis, in a remarkable book which betrays in every respect the clearest insight into the nature and genesis of neuroses.[2] These characteristics of transference are therefore to be attributed not to psycho-analysis but to neurosis itself.

Our second problem—the problem of why transference appears in psycho-analysis as resistance—has been left for the moment untouched, and we must now approach it more closely.

[1] I mean when they really cease, and not when, for instance, the patient keeps them back owing to ordinary feelings of unpleasure.

[2] *Aus guter Familie*, Berlin, 1895.

Let us picture the psychological situation during the treatment. An invariable and indispensable precondition of *every* onset of a psychoneurosis is the process to which Jung has given the appropriate name of 'introversion'.[1] That is to say: the portion of libido which is capable of becoming conscious and is directed towards reality is diminished, and the portion which is directed *away* from reality and is unconscious, and which, though it may still feed the subject's phantasies, nevertheless belongs to the unconscious, is proportionately increased. The libido (whether wholly or in part) has entered on a regressive course and has revived the subject's infantile imagos.[2] The analytic treatment now proceeds to follow it; it seeks to track down the libido, to make it accessible to consciousness and, in the end, serviceable for reality. Where the investigations of analysis come upon the libido withdrawn into its hiding-place, a struggle is bound to break out, all the forces which have caused the libido to regress will rise up as 'resistances' against the work of analysis, in order to conserve the new state of things. For if the libido's introversion or regression had not been justified by a particular relation

[1] Even though some of Jung's remarks give the impression that he regards this introversion as something which is characteristic of dementia praecox and does not come into account in the same way in other neuroses. [This seems to be the first published occasion of Freud's use of 'introversion'. The term was first introduced in Jung, 1910*b*, 38; but Freud is probably criticizing Jung, 1911, 135-6 *n*. English translation, 1916, 487). Some further comment on Jung's use of the term will be found in a footnote to a later technical paper (1913*c*, p. 125 *below*), as well as in Freud's paper on narcissism (1914*c*, *Standard Ed.*, **14**, 74) and in a passage towards the end of Lecture XXIII of the *Introductory Lectures* (1916–17). Freud used the term extremely seldom in his later writings.]

[2] It would be convenient if we could say 'it has recathected his infantile complexes'. But this would be incorrect: the only justifiable way of putting it would be 'the unconscious portions of those complexes'. The topics dealt with in this paper are so extraordinarily involved that it is tempting to embark on a number of contiguous problems whose clarification would in point of fact be necessary before it would be possible to speak in unambiguous terms of the psychical processes that are to be described here. These problems include the drawing of a line of distinction between introversion and regression, the fitting of the theory of complexes into the libido theory, the relations of phantasying to the conscious and the unconscious as well as to reality —and others besides. I need not apologize for having resisted this temptation in the present paper.

between the subject and the external world – stated in the most general terms, by the frustration of satisfaction[1]—and if it had not for the moment even become expedient, it could never have taken place at all. But the resistances from this source are not the only ones or indeed the most powerful. The libido at the disposal of the subject's personality had always been under the influence of the attraction of his unconscious complexes (or, more correctly, of the portions of those complexes belonging to the unconscious),[2] and it entered on a regressive course because the attraction of reality had diminished. In order to liberate it, this attraction of the unconscious has to be overcome, that is, the repression of the unconscious instincts and of their productions, which has meanwhile been set up in the subject, must be removed. This is responsible for by far the largest part of the resistance, which so often causes the illness to persist even after the turning away from reality has lost its temporary justification. The analysis has to struggle against the resistances from both these sources. The resistance accompanies the treatment step by step. Every single association, every act of the person under treatment must reckon with the resistance and represents a compromise between the forces that are striving towards recovery and the opposing ones which I have described.

If now we follow a pathogenic complex from its representation in the conscious (whether this is an obvious one in the form of a symptom or something quite inconspicuous, to its root in the unconscious, we shall soon enter a region in which the resistance makes itself felt so clearly that the next association must take account of it and appear as a compromise between its demands and those of the work of investigation. It is at this point, on the evidence of our experience, that transference enters on the scene. When anything in the complexive material (in the subject-matter of the complex, is suitable for being transferred on to the figure of the doctor, that transference is carried out, it produces the next association, and announces itself by indications of a resistance – by a stoppage, for instance. We infer from this experience that the transference-idea has penetrated into consciousness in front of any other possible associations *because* it satisfies the resistance. An event of this

[1] [See the full discussion of this in the paper on 'Types of Onset of Neurosis' (1912*c*), p. 231 ff. below.]

[2] [Cf. the beginning of footnote 2, on the previous page.]

sort is repeated on countless occasions in the course of an analysis. Over and over again, when we come near to a pathogenic complex, the portion of that complex which is capable of transference is first pushed forward into consciousness and defended with the greatest obstinacy.[1]

After it has been overcome, the overcoming of the other portions of the complex raises few further difficulties. The longer an analytic treatment lasts and the more clearly the patient realizes that distortions of the pathogenic material cannot by themselves offer any protection against its being uncovered, the more consistently does he make use of the one sort of distortion which obviously affords him the greatest advantages—distortion through transference. These circumstances tend towards a situation in which finally every conflict has to be fought out in the sphere of transference.

Thus transference in the analytic treatment invariably appears to us in the first instance as the strongest weapon of the resistance, and we may conclude that the intensity and persistence of the transference are an effect and an expression of the resistance. The *mechanism* of transference is, it is true, dealt with when we have traced it back to the state of readiness of the libido, which has remained in possession of infantile imagos; but the part transference plays in the treatment can only be explained if we enter into its relations with resistance.

How does it come about that transference is so admirably suited to be a means of resistance? It might be thought that the answer can be given without difficulty For it is evident that it becomes particularly hard to admit to any proscribed wishful impulse if it has to be revealed in front of the very person to whom the impulse relates Such a necessity gives rise to situations which in the real world seem scarcely possible. But it is precisely this that the patient is aiming at when he makes the object of his emotional impulses coincide with the doctor. Further consideration, however, shows that this apparent gain

[1] This, however, should not lead us to conclude in general that the element selected for transference-resistance is of peculiar pathogenic importance. If in the course of a battle there is a particularly embittered struggle over the possession of some little church or some individual farm, there is no need to suppose that the church is a national shrine, perhaps, or that the house shelters the army's pay-chest. The value of the object may be a purely tactical one and may perhaps emerge only in this one battle —[On transference-resistance see also p. 138]

cannot provide the solution of the problem. Indeed, a relation of affectionate and devoted dependence can, on the contrary, help a person over all the difficulties of making an admission. In analogous real situations people will usually say, 'I feel no shame in front of you: I can say anything to you.' Thus the transference to the doctor might just as easily serve to *facilitate* admissions, and it is not clear why it should make things more difficult.

The answer to the question which has been repeated so often in these pages is not to be reached by further reflection but by what we discover when we examine individual transference-resistances occurring during treatment. We find in the end that we cannot understand the employment of transference as resistance so long as we think simply of 'transference'. We must make up our minds to distinguish a 'positive' transference from a 'negative' one, the transference of affectionate feelings from that of hostile ones, and to treat the two sorts of transference to the doctor separately. Positive transference is then further divisible into transference of friendly or affectionate feelings which are admissible to consciousness and transference of prolongations of those feelings into the unconscious. As regards the latter, analysis shows that they invariably go back to erotic sources. And we are thus led to the discovery that all the emotional relations of sympathy, friendship, trust, and the like, which can be turned to good account in our lives, are genetically linked with sexuality and have developed from purely sexual desires through a softening of their sexual aim, however pure and unsensual they may appear to our conscious self-perception. Originally we knew only sexual objects; and psychoanalysis shows us that people who in our real life are merely admired or respected may still be sexual objects for our unconscious.

Thus the solution of the puzzle is that transference to the doctor is suitable for resistance to the treatment only in so far as it is a negative transference or a positive transference of repressed erotic impulses. If we 'remove' the transference by making it conscious, we are detaching only these two components of the emotional act from the person of the doctor; the other component, which is admissible to consciousness and unobjectionable, persists and is the vehicle of success in psychoanalysis exactly as it is in other methods of treatment. To this

extent we readily admit that the results of psycho-analysis rest upon suggestion; by suggestion, however, we must understand, as Ferenczi (1909) does, the influencing of a person by means of the transference phenomena which are possible in his case. We take care of the patient's final independence by employing suggestion in order to get him to accomplish a piece of psychical work which has as its necessary result a permanent improvement in his psychical situation.

The further question may be raised of why it is that the resistance phenomena of transference only appear in psycho-analysis and not in indifferent forms of treatment (e.g. in institutions) as well. The reply is that they do show themselves in these other situations too, but they have to be recognized as such. The breaking out of a negative transference is actually quite a common event in institutions. As soon as a patient comes under the dominance of the negative transference he leaves the institution in an unchanged or relapsed condition. The erotic transference does not have such an inhibiting effect in institutions, since in them, just as in ordinary life, it is glossed over instead of being uncovered. But it is manifested quite clearly as a resistance to recovery, not, it is true, by driving the patient out of the institution —on the contrary, it holds him back in it— but by keeping him at a distance from life. For, from the point of view of recovery, it is a matter of complete indifference whether the patient overcomes this or that anxiety or inhibition in the institution; what matters is that he shall be free of it in his real life as well.

The negative transference deserves a detailed examination, which it cannot be given within the limits of the present paper. In the curable forms of psychoneurosis it is found side by side with the affectionate transference, often directed simultaneously towards the same person. Bleuler has coined the excellent term 'ambivalence' to describe this phenomenon.[1] Up to a point, ambivalence of feeling of this sort seems to be normal; but a high degree of it is certainly a special peculiarity of

[1] Bleuler, 1911, 43–4 and 305–6. Cf. a lecture on ambivalence delivered by him in Berne in 1910, reported in the *Zentralblatt für Psychoanalyse*, **1**, 266. Stekel has proposed the term 'bipolarity' for the same phenomenon.—[This appears to have been Freud's first mention of the word 'ambivalence'. He occasionally used it in a sense other than Bleuler's, to describe the simultaneous presence of active and passive impulses. See an Editor's footnote, *Standard Ed.*, **14**, 131.]

neurotic people. In obsessional neurotics an early separation of the 'pairs of opposites' [1] seems to be characteristic of their instinctual life and to be one of their constitutional preconditions. Ambivalence in the emotional trends of neurotics is the best explanation of their ability to enlist their transferences in the service of resistance. Where the capacity for transference has become essentially limited to a negative one, as is the case with paranoics, there ceases to be any possibility of influence or cure.

In all these reflections, however, we have hitherto dealt only with one side of the phenomenon of transference, we must turn our attention to another aspect of the same subject. Anyone who forms a correct appreciation of the way in which a person in analysis, as soon as he comes under the dominance of any considerable transference-resistance, is flung out of his real relation to the doctor, how he feels at liberty then to disregard the fundamental rule of psycho-analysis[2] which lays it down that whatever comes into one's head must be reported without criticizing it, how he forgets the intentions with which he started the treatment, and how he regards with indifference logical arguments and conclusions which only a short time before had made a great impression on him—anyone who has observed all this will feel it necessary to look for an explanation of his impression in other factors besides those that have already been adduced. Nor are such factors far to seek: they arise once again from the psychological situation in which the treatment places the patient.

In the process of seeking out the libido which has escaped from the patient's conscious, we have penetrated into the realm of the unconscious. The reactions which we bring about reveal

[1] [The pairs of opposite instincts were first described by Freud in his *Three Essays* (1905*d*), *Standard Ed.* **7**, 160 and 166–7, and later on in 'Instincts and their Vicissitudes' (1915*c*), *Standard Ed.*, **14**, 127 ff. Their importance in obsessional neurosis was discussed in the 'Rat Man' case history (1909*d*) *Standard Ed.*, **10**, 237 ff.]

[2] [This seems to be the first use of what was henceforward to become the regular description of the essential technical rule. A very similar phrase ('the main rule of psycho-analysis') had, however, been used already in the third of Freud's Clark University Lectures (1910*a*), *Standard Ed.*, **11**, 33. The idea itself, of course, goes back a long way, it is expressed, for instance, in Chapter II of *The Interpretation of Dreams* (1900*a*), *Standard Ed.*, **4**, 101, in essentially the same terms as in the paper 'On Beginning the Treatment' (1913*c*), p. 134 below, where, incidentally, the subject will be found discussed in a long footnote.]

at the same time some of the characteristics which we have come to know from the study of dreams The unconscious impulses do not want to be remembered in the way the treatment desires them to be, but endeavour to reproduce themselves in accordance with the timelessness of the unconscious and its capacity for hallucination.[1] Just as happens in dreams, the patient regards the products of the awakening of his unconscious impulses as contemporaneous and real; he seeks to put his passions into action without taking any account of the real situation. The doctor tries to compel him to fit these emotional impulses into the nexus of the treatment and of his life-history, to submit them to intellectual consideration and to understand them in the light of their psychical value. This struggle between the doctor and the patient, between intellect and instinctual life, between understanding and seeking to act, is played out almost exclusively in the phenomena of transference. It is on that field that the victory must be won—the victory whose expression is the permanent cure of the neurosis. It cannot be disputed that controlling the phenomena of transference presents the psycho-analyst with the greatest difficulties. But it should not be forgotten that it is precisely they that do us the inestimable service of making the patient's hidden and forgotten erotic impulses immediate and manifest. For when all is said and done, it is impossible to destroy anyone *in absentia* or *in effigie*.[2]

[1] [This is elaborated in a later technical paper 'Recollecting, Repeating and Working-Through' (1914*g*), p. 150 ff. below.]

[2] [Cf. the similar remark near the bottom of p. 152 below.]

RECOMMENDATIONS TO PHYSICIANS PRACTISING PSYCHO-ANALYSIS
(1912)

RATSCHLÄGE FÜR DEN ARZT BEI DER PSYCHOANALYTISCHEN BEHANDLUNG

(*a*) GERMAN EDITIONS:

1912 *Zbl. Psychoan.*, **2** (9), 483–9.
1918 *S.K.S.N.*, **4**, 399–411. (1922, 2nd ed.)
1924 *Technik und Metapsychol.*, 64–75.
1925 *G.S.*, **6**, 64–75.
1931 *Neurosenlehre und Technik*, 340–51.
1943 *G.W.*, **8**, 376–87.

(*b*) ENGLISH TRANSLATION:

'Recommendations for Physicians on the Psycho-Analytic Method of Treatment'

1924 *C.P.*, **2**, 323–33. (Tr. Joan Riviere.)

The present translation, with a changed title, is a modified version of the one published in 1924.

This paper first appeared in June, 1912.

RECOMMENDATIONS TO PHYSICIANS PRACTISING PSYCHO-ANALYSIS

THE technical rules which I am putting forward here have been arrived at from my own experience in the course of many years, after unfortunate results had led me to abandon other methods. It will easily be seen that they (or at least many of them) may be summed up in a single precept. [Cf. p. 115.] My hope is that observance of them will spare physicians practising analysis much unnecessary effort and guard them against some oversights. I must however make it clear that what I am asserting is that this technique is the only one suited to my individuality; I do not venture to deny that a physician quite differently constituted might find himself driven to adopt a different attitude to his patients and to the task before him.

(*a*) The first problem confronting an analyst who is treating more than one patient in the day will seem to him the hardest. It is the task of keeping in mind all the innumerable names, dates, detailed memories and pathological products which each patient communicates in the course of months and years of treatment, and of not confusing them with similar material produced by other patients under treatment simultaneously or previously. If one is required to analyse six, eight, or even more patients daily, the feat of memory involved in achieving this will provoke incredulity, astonishment or even commiseration in uninformed observers. Curiosity will in any case be felt about the technique which makes it possible to master such an abundance of material, and the expectation will be that some special expedients are required for the purpose.

The technique, however, is a very simple one. As we shall see, it rejects the use of any special expedient (even that of taking notes). It consists simply in not directing one's notice to anything in particular and in maintaining the same 'evenly-suspended attention' (as I have called it,[1] in the face of all that

[1] [The reference seems to be to a sentence in the case history of 'Little Hans' (1909*b*), *Standard Ed.*, **10**, 23, though the wording there is slightly

one hears. In this way we spare ourselves a strain on our attention which could not in any case be kept up for several hours daily, and we avoid a danger which is inseparable from the exercise of deliberate attention. For as soon as anyone deliberately concentrates his attention to a certain degree, he begins to select from the material before him; one point will be fixed in his mind with particular clearness and some other will be correspondingly disregarded, and in making this selection he will be following his expectations or inclinations. This, however, is precisely what must not be done. In making the selection, if he follows his expectations he is in danger of never finding anything but what he already knows; and if he follows his inclinations he will certainly falsify what he may perceive. It must not be forgotten that the things one hears are for the most part things whose meaning is only recognized later on.

It will be seen that the rule of giving equal notice to everything is the necessary counterpart to the demand made on the patient that he should communicate everything that occurs to him without criticism or selection. If the doctor behaves otherwise, he is throwing away most of the advantage which results from the patient's obeying the 'fundamental rule of psychoanalysis'.[1] The rule for the doctor may be expressed: 'He should withhold all conscious influences from his capacity to attend, and give himself over completely to his "unconscious memory".' Or, to put it purely in terms of technique: 'He should simply listen, and not bother about whether he is keeping anything in mind.'

What is achieved in this manner will be sufficient for all requirements during the treatment. Those elements of the material which already form a connected context will be at the doctor's conscious disposal, the rest, as yet unconnected and in chaotic disorder, seems at first to be submerged, but rises readily into recollection as soon as the patient brings up something new to which it can be related and by which it can be continued. The undeserved compliment of having 'a remarkably good memory' which the patient pays one when one reproduces some detail after a year and a day can then be accepted with a smile,

different. The present phrase occurs again later, in 'Two Encyclopaedia Articles' (1923*a*), *Standard Ed.*, **18**, 239.]

[1] [See footnote 2, above, p. 107.]

whereas a conscious determination to recollect the point would probably have resulted in failure.

Mistakes in this process of remembering occur only at times and places at which one is disturbed by some personal consideration (see below [p. 116],—that is, when one has fallen seriously below the standard of an ideal analyst. Confusion with material brought up by other patients occurs very rarely. Where there is a dispute with the patient as to whether or how he has said some particular thing, the doctor is usually in the right.[1]

(*b*) I cannot advise the taking of full notes, the keeping of a shorthand record, etc., during analytic sessions. Apart from the unfavourable impression which this makes on some patients, the same considerations as have been advanced with regard to attention apply here too.[2] A detrimental selection from the material will necessarily be made as one writes the notes or shorthand, and part of one's own mental activity is tied up in this way, which would be better employed in interpreting what one has heard. No objection can be raised to making exceptions to this rule in the case of dates, the text of dreams, or particular noteworthy events which can easily be detached from their context and are suitable for independent use as instances.[3] But I am not in the habit of doing this either. As regards instances, I write them down from memory in the evening after work is over; as regards texts of dreams to which I attach importance, I get the patient to repeat them to me after he has related them so that I can fix them in my mind.

(*c*) Taking notes during the session with the patient might

[1] A patient will often assert that he has already told the doctor something on a previous occasion, while the doctor can assure him with a quiet feeling of superiority that it has come up now for the first time. It then turns out that the patient had previously had the intention of saying it, but had been prevented from performing his intention by a resistance which was still present. His recollection of his intention is indistinguishable to him from a recollection of its performance. [Freud enlarged on this point not long afterwards in a short paper on 'Fausse Reconnaissance' occurring during analysis (1914*a*, *Standard Ed.*, **13**, 201).]

[2] [A footnote to the same effect had been inserted by Freud in his 'Rat Man' case history (1909*d*, *Standard Ed.*, **10**, 159).]

[3] [Presumably for scientific purposes.]

be justified by an intention of publishing a scientific study of the case. On general grounds this can scarcely be denied. Nevertheless it must be borne in mind that exact reports of analytic case histories are of less value than might be expected. Strictly speaking, they only possess the *ostensible* exactness of which 'modern' psychiatry affords us some striking examples. They are, as a rule, fatiguing to the reader and yet do not succeed in being a substitute for his actual presence at an analysis. Experience invariably shows that if readers are willing to believe an analyst they will have confidence in any slight revision to which he has submitted his material; if, on the other hand, they are unwilling to take analysis and the analyst seriously, they will pay no attention to accurate verbatim records of the treatment either. This is not the way, it seems, to remedy the lack of convincing evidence to be found in psycho-analytic reports.

(*d*) One of the claims of psycho-analysis to distinction is, no doubt, that in its execution research and treatment coincide; nevertheless, after a certain point, the technique required for the one opposes that required for the other. It is not a good thing to work on a case scientifically while treatment is still proceeding—to piece together its structure, to try to foretell its further progress, and to get a picture from time to time of the current state of affairs, as scientific interest would demand. Cases which are devoted from the first to scientific purposes and are treated accordingly suffer in their outcome; while the most successful cases are those in which one proceeds, as it were, without any purpose in view, allows oneself to be taken by surprise by any new turn in them, and always meets them with an open mind, free from any presuppositions. The correct behaviour for an analyst lies in swinging over according to need from the one mental attitude to the other, in avoiding speculation or brooding over cases while they are in analysis, and in submitting the material obtained to a synthetic process of thought only after the analysis is concluded. The distinction between the two attitudes would be meaningless if we already possessed all the knowledge (or at least the essential knowledge) about the psychology of the unconscious and about the structure of the neuroses that we can obtain from psycho-analytic work. At present we are still far from that goal and

we ought not to cut ourselves off from the possibility of testing what we have already learnt and of extending our knowledge further.

(*e*) I cannot advise my colleagues too urgently to model themselves during psycho-analytic treatment on the surgeon, who puts aside all his feelings, even his human sympathy, and concentrates his mental forces on the single aim of performing the operation as skilfully as possible. Under present-day conditions the feeling that is most dangerous to a psycho-analyst is the therapeutic ambition to achieve by this novel and much disputed method something that will produce a convincing effect upon other people. This will not only put him into a state of mind which is unfavourable for his work, but will make him helpless against certain resistances of the patient, whose recovery, as we know, primarily depends on the interplay of forces in him. The justification for requiring this emotional coldness in the analyst is that it creates the most advantageous conditions for both parties. for the doctor a desirable protection for his own emotional life and for the patient the largest amount of help that we can give him to-day. A surgeon of earlier times took as his motto the words: 'Je le pansai, Dieu le guérit.'[1] The analyst should be content with something similar.

(*f*) It is easy to see upon what aim the different rules I have brought forward converge. [See p. 111.] They are all intended to create for the doctor a counterpart to the 'fundamental rule of psycho-analysis' which is laid down for the patient. Just as the patient must relate everything that his self-observation can detect, and keep back all the logical and affective objections that seek to induce him to make a selection from among them, so the doctor must put himself in a position to make use of everything he is told for the purposes of interpretation and of recognizing the concealed unconscious material without substituting a censorship of his own for the selection that the patient has forgone. To put it in a formula: he must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient. He must adjust himself to the patient as a telephone receiver is adjusted to the transmitting

[1] ['I dressed his wounds, God cured him.' The saying is attributed to the French surgeon, Ambroise Paré (*c.* 1517–1590).]

microphone. Just as the receiver converts back into sound-waves the electric oscillations in the telephone line which were set up by sound waves, so the doctor's unconscious is able, from the derivatives of the unconscious which are communicated to him, to reconstruct that unconscious, which has determined the patient's free associations.

But if the doctor is to be in a position to use his unconscious in this way as an instrument in the analysis, he must himself fulfil one psychological condition to a high degree. He may not tolerate any resistances in himself which hold back from his consciousness what has been perceived by his unconscious; otherwise he would introduce into the analysis a new species of selection and distortion which would be far more detrimental than that resulting from concentration of conscious attention. It is not enough for this that he himself should be an approximately normal person. It may be insisted, rather, that he should have undergone a psycho-analytic purification and have become aware of those complexes of his own which would be apt to interfere with his grasp of what the patient tells him. There can be no reasonable doubt about the disqualifying effect of such defects in the doctor; every unresolved repression in him constitutes what has been aptly described by Stekel[1] as a 'blind spot' in his analytic perception.

Some years ago I gave as an answer to the question of how one can become an analyst: 'By analysing one's own dreams.'[2] This preparation is no doubt enough for many people, but not for everyone who wishes to learn analysis. Nor can everyone succeed in interpreting his own dreams without outside help. I count it as one of the many merits of the Zurich school of analysis that they have laid increased emphasis on this requirement, and have embodied it in the demand that everyone who wishes to carry out analyses on other people shall first himself undergo an analysis by someone with expert knowledge. Anyone who takes up the work seriously should choose this course, which offers more than one advantage, the sacrifice involved in laying oneself open to another person without being driven to

[1] [Stekel, 1911*a*, 532.]

[2] [The reference is to the third of Freud's Clark University lectures (1910*a* [1909]), *Standard Ed.*, **11**, 33. Some account of his varying views on the subject will be found in an Editor's footnote to the 'History of the Psycho-Analytic Movement' (1914*d*), ibid., **14**, 20–1.]

it by illness is amply rewarded. Not only is one's aim of learning to know what is hidden in one's own mind far more rapidly attained and with less expense of affect, but impressions and convictions will be gained in relation to oneself which will be sought in vain from studying books and attending lectures. And lastly, we must not under-estimate the advantage to be derived from the lasting mental contact that is as a rule established between the student and his guide.[1]

An analysis such as this of someone who is practically healthy will, as may be imagined, remain incomplete. Anyone who can appreciate the high value of the self-knowledge and increase in self-control thus acquired will, when it is over, continue the analytic examination of his personality in the form of a self-analysis, and be content to realize that, within himself as well as in the external world, he must always expect to find something new. But anyone who has scorned to take the precaution of being analysed himself will not merely be punished by being incapable of learning more than a certain amount from his patients, he will risk a more serious danger and one which may become a danger to others. He will easily fall into the temptation of projecting outwards some of the peculiarities of his own personality, which he has dimly perceived, into the field of science, as a theory having universal validity, he will bring the psycho-analytic method into discredit, and lead the inexperienced astray.

(*g*) I shall now add a few other rules, that will serve as a transition from the attitude of the doctor to the treatment of the patient.

Young and eager psycho-analysts will no doubt be tempted to bring their own individuality freely into the discussion, in order to carry the patient along with them and lift him over the barriers of his own narrow personality. It might be expected that it would be quite allowable and indeed useful, with a view to overcoming the patient's existing resistances, for the doctor to afford him a glimpse of his own mental defects and conflicts and, by giving him intimate information about his own life,

[1] [See, however, a less optimistic view expressed in Section II of 'Analysis Terminable and Interminable' (1937*c*). That paper, one of the very last of Freud's writings, touches at many other points (especially in Section VII) on the subject discussed in this and the next paragraph.]

enable him to put himself on an equal footing. One confidence deserves another, and anyone who demands intimacy from someone else must be prepared to give it in return.

But in psycho-analytic relations things often happen differently from what the psychology of consciousness might lead us to expect. Experience does not speak in favour of an affective technique of this kind. Nor is it hard to see that it involves a departure from psycho-analytic principles and verges upon treatment by suggestion. It may induce the patient to bring forward sooner and with less difficulty things he already knows but would otherwise have kept back for a time through conventional resistances. But this technique achieves nothing towards the uncovering of what is unconscious to the patient. It makes him even more incapable of overcoming his deeper resistances, and in severer cases it invariably fails by encouraging the patient to be insatiable: he would like to reverse the situation, and finds the analysis of the doctor more interesting than his own. The resolution of the transference, too—one of the main tasks of the treatment—is made more difficult by an intimate attitude on the doctor's part, so that any gain there may be at the beginning is more than outweighed at the end. I have no hesitation, therefore, in condemning this kind of technique as incorrect. The doctor should be opaque to his patients and, like a mirror, should show them nothing but what is shown to him. In practice, it is true, there is nothing to be said against a psychotherapist combining a certain amount of analysis with some suggestive influence in order to achieve a perceptible result in a shorter time—as is necessary, for instance, in institutions. But one has a right to insist that he himself should be in no doubt about what he is doing and should know that his method is not that of true psycho-analysis.

(*h*) Another temptation arises out of the educative activity which, in psycho-analytic treatment, devolves on the doctor without any deliberate intention on his part. When the developmental inhibitions are resolved, it happens of itself that the doctor finds himself in a position to indicate new aims for the trends that have been liberated. It is then no more than a natural ambition if he endeavours to make something specially excellent of a person whom he has been at such pains to free from his neurosis and if he prescribes high aims for his wishes.

But here again the doctor should hold himself in check, and take the patient's capacities rather than his own desires as guide. Not every neurotic has a high talent for sublimation; one can assume of many of them that they would not have fallen ill at all if they had possessed the art of sublimating their instincts. If we press them unduly towards sublimation and cut them off from the most accessible and convenient instinctual satisfactions, we shall usually make life even harder for them than they feel it in any case. As a doctor, one must above all be tolerant to the weakness of a patient, and must be content if one has won back some degree of capacity for work and enjoyment for a person even of only moderate worth. Educative ambition is of as little use as therapeutic ambition. It must further be borne in mind that many people fall ill precisely from an attempt to sublimate their instincts beyond the degree permitted by their organization and that in those who have a capacity for sublimation the process usually takes place of itself as soon as their inhibitions have been overcome by analysis. In my opinion, therefore, efforts invariably to make use of the analytic treatment to bring about sublimation of instinct are, though no doubt always laudable, far from being in every case advisable.

(2) To what extent should the patient's intellectual co-operation be sought for in the treatment? It is difficult to say anything of general applicability on this point: the patient's personality is the determining factor. But in any case caution and self-restraint must be observed in this connection. It is wrong to set a patient tasks, such as collecting his memories or thinking over some particular period of his life. On the contrary, he has to learn above all—what never comes easily to anyone—that mental activities such as thinking something over or concentrating the attention solve none of the riddles of a neurosis; that can only be done by patiently obeying the psycho-analytic rule, which enjoins the exclusion of all criticism of the unconscious or of its derivatives. One must be especially unyielding about obedience to that rule with patients who practise the art of sheering off into intellectual discussion during their treatment, who speculate a great deal and often very wisely about their condition and in that way avoid doing anything to overcome it. For this reason I dislike making use of analytic

writings as an assistance to my patients; I require them to learn by personal experience, and I assure them that they will acquire wider and more valuable knowledge than the whole literature of psycho-analysis could teach them. I recognize, however, that under institutional conditions it may be of great advantage to employ reading as a preparation for patients in analysis and as a means of creating an atmosphere of influence.

I must give a most earnest warning against any attempt to gain the confidence or support of parents or relatives by giving them psycho-analytic books to read, whether of an introductory or an advanced kind. This well-meant step usually has the effect of bringing on prematurely the natural opposition of the relatives to the treatment—an opposition which is bound to appear sooner or later—so that the treatment is never even begun.

Let me express a hope that the increasing experience of psycho-analysts will soon lead to agreement on questions of technique and on the most effective method of treating neurotic patients. As regards the treatment of their relatives I must confess myself utterly at a loss, and I have in general little faith in any individual treatment of them.

ON BEGINNING THE TREATMENT

(FURTHER RECOMMENDATIONS ON THE TECHNIQUE OF PSYCHO-ANALYSIS I)

(1913)

ZUR EINLEITUNG DER BEHANDLUNG

(*a*) GERMAN EDITIONS:

1913 *Int. Z. Psychoanal.*, **1** (1), 1–10 and (2), 139–46.
1918 *S.K.S.N.*, **4**, 412–40 (1922, 2nd ed.)
1924 *Technik und Metapsychol.*, 84–108.
1925 *G.S.*, **6**, 84–108.
1931 *Neurosenlehre und Technik*, 359–85.
1943 *G.W.*, **8**, 454–78.

(*b*) ENGLISH TRANSLATION:

'Further Recommendations in the Technique of Psycho-Analysis: On Beginning the Treatment. The Question of the First Communications. The Dynamics of the Cure'

1924 *C.P.*, **2**, 342–65. (Tr. Joan Riviere.)

The present translation, with a changed title, is a modified version of the one published in 1924.

This paper was published in two instalments, in January and March, 1913. The first instalment, ending with the words 'with what material is the treatment to begin?' (on p. 134 below), bore the title 'Weitere Ratschläge zur Technik der Psychoanalyse: I. Zur Einleitung der Behandlung'. The second instalment bore the same title, but with the additional words: ' Die Frage der ersten Mitteilungen—Die Dynamik der Heilung.' This full title is the one rendered in the first English translation as given above. All the German editions from 1924 onwards adopted the short title 'Zur Einleitung der Behandlung', without any additions. In the author's original view (as is shown by his manuscript) the paper fell into three sections, corresponding to the title. The first of these, 'On Beginning the Treatment', ends on p. 139, the second, 'The Question of the First Communications', on p. 141, where the third, 'The Dynamics of the Cure', begins.

ON BEGINNING THE TREATMENT[1]

(FURTHER RECOMMENDATIONS ON THE TECHNIQUE OF PSYCHO-ANALYSIS I)

ANYONE who hopes to learn the noble game of chess from books will soon discover that only the openings and end-games admit of an exhaustive systematic presentation and that the infinite variety of moves which develop after the opening defy any such description. This gap in instruction can only be filled by a diligent study of games fought out by masters. The rules which can be laid down for the practice of psycho-analytic treatment are subject to similar limitations.

In what follows I shall endeavour to collect together for the use of practising analysts some of the rules for the beginning of the treatment. Among them there are some which may seem to be petty details, as, indeed, they are. Their justification is that they are simply rules of the game which acquire their importance from their relation to the general plan of the game. I think I am well-advised, however, to call these rules 'recommendations' and not to claim any unconditional acceptance for them. The extraordinary diversity of the psychical constellations concerned, the plasticity of all mental processes and the wealth of determining factors oppose any mechanization of the technique; and they bring it about that a course of action that is as a rule justified may at times prove ineffective, whilst one that is usually mistaken may once in a while lead to the desired end. These circumstances, however, do not prevent us from laying down a procedure for the physician which is effective on the average.

Some years ago I set out the most important indications for selecting patients[2] and I shall therefore not repeat them here. They have in the meantime been approved by other psycho-analysts. But I may add that since then I have made it my

[1] [In the first edition only, the following footnote appeared at this point. 'Continuation of a series of papers which were published in the *Zentralblatt für Psychoanalyse*, **2** (3, 4 and 9). "The Handling of Dream-Interpretation in Psycho-Analysis", "The Dynamics of Transference", and "Recommendations to Physicians Practising Psycho-Analysis".)']

[2] 'On Psychotherapy' (1905*a*).

habit, when I know little about a patient, only to take him on at first provisionally, for a period of one to two weeks. If one breaks off within this period one spares the patient the distressing impression of an attempted cure having failed. One has only been undertaking a 'sounding' in order to get to know the case and to decide whether it is a suitable one for psycho-analysis. No other kind of preliminary examination but this procedure is at our disposal; the most lengthy discussions and questionings in ordinary consultations would offer no substitute. This preliminary experiment, however, is itself the beginning of a psycho-analysis and must conform to its rules. There may perhaps be this distinction made, that in it one lets the patient do nearly all the talking and explains nothing more than what is absolutely necessary to get him to go on with what he is saying.

There are also diagnostic reasons for beginning the treatment with a trial period of this sort lasting for one or two weeks. Often enough, when one sees a neurosis with hysterical or obsessional symptoms, which is not excessively marked and has not been in existence for long—just the type of case, that is, that one would regard as suitable for treatment—one has to reckon with the possibility that it may be a preliminary stage of what is known as dementia praecox ('schizophrenia', in Bleuler's terminology; 'paraphrenia', as I have proposed to call it[1]), and that sooner or later it will show a well-marked picture of that affection. I do not agree that it is always possible to make the distinction so easily. I am aware that there are psychiatrists who hesitate less often in their differential diagnosis, but I have become convinced that just as often they make mistakes. To make a mistake, moreover, is of far greater moment for the psycho-analyst than it is for the clinical psychiatrist, as he is called. For the latter is not attempting to do anything that will be of use, whichever kind of case it may be. He merely runs the risk of making a theoretical mistake, and his diagnosis is of no more than academic interest. Where the psycho-analyst is concerned, however, if the case is unfavourable he has committed a practical error; he has been responsible for wasted expenditure and has discredited his method of treatment. He cannot fulfil his promise of cure if the patient is suffering, not from hysteria or obsessional neurosis, but from paraphrenia, and he therefore has particularly strong

[1] [See above, footnote 1, p. 76.]

motives for avoiding mistakes in diagnosis. In an experimental treatment of a few weeks he will often observe suspicious signs which may determine him not to pursue the attempt any further. Unfortunately I cannot assert that an attempt of this kind always enables us to arrive at a certain decision; it is only one wise precaution the more.[1]

Lengthy preliminary discussions before the beginning of the analytic treatment, previous treatment by another method and also previous acquaintance between the doctor and the patient who is to be analysed, have special disadvantageous consequences for which one must be prepared. They result in the patient's meeting the doctor with a transference attitude which is already established and which the doctor must first slowly uncover instead of having the opportunity to observe the growth and development of the transference from the outset. In this way the patient gains a temporary start upon us which we do not willingly grant him in the treatment.

One must mistrust all prospective patients who want to make a delay before beginning their treatment. Experience shows that when the time agreed upon has arrived they fail to put in an appearance, even though the motive for the delay—i.e. their rationalization of their intention—seems to the uninitiated to be above suspicion.

Special difficulties arise when the analyst and his new patient or their families are on terms of friendship or have social ties with one another. The psycho-analyst who is asked to undertake the treatment of the wife or child of a friend must be prepared for it to cost him that friendship, no matter what the outcome of the treatment may be; nevertheless he must make the sacrifice if he cannot find a trustworthy substitute.

Both lay public and doctors—still ready to confuse psychoanalysis with treatment by suggestion—are inclined to attribute

[1] There is a great deal to be said about this uncertainty in diagnosis, about the prospects of success in analysing mild forms of paraphrenia and about the reasons for the similarity between the two disorders; but I cannot enlarge on these subjects in the present context. I should be glad to follow Jung in contrasting hysteria and obsessional neurosis as 'transference neuroses' with the paraphrenic affections as 'introversion neuroses', if it were not that such a usage would deprive the concept of 'introversion' (of the libido) of its sole legitimate meaning. [Cf. footnote 1, p. 102.]

great importance to the expectations which the patient brings to the new treatment. They often believe in the case of one patient that he will not give much trouble, because he has great confidence in psycho-analysis and is fully convinced of its truth and efficacy; whereas in the case of another, they think that he will undoubtedly prove more difficult, because he has a sceptical outlook and will not believe anything until he has experienced its successful results on his own person. Actually, however, this attitude on the part of the patient has very little importance. His initial trust or distrust is almost negligible compared with the internal resistances which hold the neurosis firmly in place. It is true that the patient's happy trustfulness makes our earliest relationship with him a very pleasant one; we are grateful to him for that, but we warn him that his favourable prepossession will be shattered by the first difficulty that arises in the analysis. To the sceptic we say that the analysis requires no faith, that he may be as critical and suspicious as he pleases and that we do not regard his attitude as the effect of his judgement at all, for he is not in a position to form a reliable judgement on these matters; his distrust is only a symptom like his other symptoms and it will not be an interference, provided he conscientiously carries out what the rule of the treatment requires of him.

No one who is familiar with the nature of neurosis will be astonished to hear that even a man who is very well able to carry out an analysis on other people can behave like any other mortal and be capable of producing the most intense resistances as soon as he himself becomes the object of analytic investigation. When this happens we are once again reminded of the dimension of depth in the mind, and it does not surprise us to find that the neurosis has its roots in psychical strata to which an intellectual knowledge of analysis has not penetrated.

Points of importance at the beginning of the analysis are arrangements about *time* and *money*.

In regard to time, I adhere strictly to the principle of leasing a definite hour. Each patient is allotted a particular hour of my available working day; it belongs to him and he is liable for it, even if he does not make use of it. This arrangement, which is taken as a matter of course for teachers of music or languages in good society, may perhaps seem too rigorous in a doctor, or even unworthy of his profession. There

will be an inclination to point to the many accidents which may prevent the patient from attending every day at the same hour and it will be expected that some allowance shall be made for the numerous intercurrent ailments which may occur in the course of a longish analytic treatment. But my answer is: no other way is practicable. Under a less stringent régime the 'occasional' non-attendances increase so greatly that the doctor finds his material existence threatened; whereas when the arrangement is adhered to, it turns out that accidental hindrances do not occur at all and intercurrent illnesses only very seldom. The analyst is hardly ever put in the position of enjoying a leisure hour which he is paid for and would be ashamed of, and he can continue his work without interruptions, and is spared the distressing and bewildering experience of finding that a break for which he cannot blame himself is always bound to happen just when the work promises to be especially important and rich in content. Nothing brings home to one so strongly the significance of the psychogenic factor in the daily life of men, the frequency of malingering and the non-existence of chance, as a few years' practice of psycho-analysis on the strict principle of leasing by the hour. In cases of undoubted organic illnesses, which, after all, cannot be excluded by the patient's having a psychical interest in attending, I break off the treatment, consider myself entitled to dispose elsewhere of the hour which becomes free, and take the patient back again as soon as he has recovered and I have another hour vacant.

I work with my patients every day except on Sundays and public holidays — that is, as a rule, six days a week. For slight cases or the continuation of a treatment which is already well advanced, three days a week will be enough. Any restrictions of time beyond this bring no advantage either to the doctor or the patient, and at the beginning of an analysis they are quite out of the question. Even short interruptions have a slightly obscuring effect on the work. We used to speak jokingly of the 'Monday crust' when we began work again after the rest on Sunday. When the hours of work are less frequent, there is a risk of not being able to keep pace with the patient's real life and of the treatment losing contact with the present and being forced into by-paths. Occasionally, too, one comes across patients to whom one must give more than the average time of one hour a day, because the best part of an hour is gone

before they begin to open up and to become communicative at all.

An unwelcome question which the patient asks the doctor at the outset is, 'How long will the treatment take? How much time will you need to relieve me of my trouble?' If one has proposed a trial treatment of a few weeks one can avoid giving a direct answer to this question by promising to make a more reliable pronouncement at the end of the trial period. Our answer is like the answer given by the Philosopher to the Wayfarer in Aesop's fable. When the Wayfarer asked how long a journey lay ahead, the Philosopher merely answered 'Walk!' and afterwards explained his apparently unhelpful reply on the ground that he must know the length of the Wayfarer's stride before he could tell how long his journey would take.[1] This expedient helps one over the first difficulties; but the comparison is not a good one, for the neurotic can easily alter his pace and may at times make only very slow progress. In point of fact, the question as to the probable duration of a treatment is almost unanswerable.

As the combined result of lack of insight on the part of patients and disingenuousness on the part of doctors, analysis finds itself expected to fulfil the most boundless demands, and that in the shortest time. Let me, as an example, give some details from a letter which I received a few days ago from a lady in Russia. She is 53[2] years old, her illness began twenty-three years ago and for the last ten years she has no longer been able to do any continuous work. 'Treatment in a number of institutions for nervous cases' have not succeeded in making an 'active life' possible for her. She hopes to be completely cured by psycho-analysis, which she has read about, but her illness has already cost her family so much money that she cannot manage to come to Vienna for longer than six weeks or two months. Another added difficulty is that she wishes from the very start to 'explain' herself in writing only, since any discussion of her complexes would cause an explosion of feeling in her or 'render her temporarily unable to speak'. No one would expect a man to lift a heavy table with two fingers as if it were a light stool, or to build a large house in the time it

[1] [This sentence has been slightly expanded in translation for the sake of clarity.]

[2] [In the editions before 1925 this read '33'.]

would take to put up a wooden hut; but as soon as it becomes a question of the neuroses which do not seem so far to have found a proper place in human thought even intelligent people forget that a necessary proportion must be observed between time, work and success. This, incidentally, is an understandable result of the deep ignorance which prevails about the aetiology of the neuroses. Thanks to this ignorance, neurosis is looked on as a kind of 'maiden from afar'.[1] 'None knew whence she came'; so they expected that one day she would vanish.

Doctors lend support to these fond hopes. Even the informed among them often fail to estimate properly the severity of nervous disorders. A friend and colleague of mine, to whose great credit I account it that after several decades of scientific work on other principles he became converted to the merits of psycho-analysis, once wrote to me: 'What we need is a short, convenient, out-patient treatment for obsessional neuroses.' I could not supply him with it and felt ashamed, so I tried to excuse myself with the remark that specialists in internal diseases, too, would probably be very glad of a treatment for tuberculosis or carcinoma which combined these advantages.

To speak more plainly, psycho-analysis is always a matter of long periods of time, of half a year or whole years of longer periods than the patient expects. It is therefore our duty to tell the patient this before he finally decides upon the treatment. I consider it altogether more honourable, and also more expedient, to draw his attention without trying to frighten him off, but at the very beginning to the difficulties and sacrifices which analytic treatment involves, and in this way to deprive him of any right to say later on that he has been inveigled into a treatment whose extent and implications he did not realize. A patient who lets himself be dissuaded by this information would in any case have shown himself unsuitable later on. It is a good thing to institute a selection of this kind before the beginning of the treatment. With the progress of understanding among patients the number of those who successfully meet this first test increases.

I do not bind patients to continue the treatment for a certain length of time; I allow each one to break off whenever he likes. But I do not hide it from him that if the treatment is stopped after only a small amount of work has been done it will not be

[1] [An allusion to Schiller's poem 'Das Mädchen aus der Fremde'.]

successful and may easily, like an unfinished operation, leave him in an unsatisfactory state. In the early years of my psycho-analytic practice I used to have the greatest difficulty in prevailing on my patients to continue their analysis. This difficulty has long since been shifted, and I now have to take the greatest pains to induce them to give it up.

To shorten analytic treatment is a justifiable wish, and its fulfilment, as we shall learn, is being attempted along various lines. Unfortunately, it is opposed by a very important factor, namely, the slowness with which deep-going changes in the mind are accomplished—in the last resort, no doubt, the 'timelessness' of our unconscious processes.[1] When patients are faced with the difficulty of the great expenditure of time required for analysis they not infrequently manage to propose a way out of it. They divide up their ailments and describe some as unbearable, and others as secondary, and then say: 'If only you will relieve me from this one for instance, a headache or a particular fear, I can deal with the other one on my own in my ordinary life.' In doing this, however, they over-estimate the selective power of analysis. The analyst is certainly able to do a great deal, but he cannot determine beforehand exactly what results he will effect. He sets in motion a process, that of the resolving of existing repressions. He can supervise this process, further it, remove obstacles in its way, and he can undoubtedly initiate much of it. But on the whole, once begun, it goes its own way and does not allow either the direction it takes or the order in which it picks up its points to be prescribed for it. The analyst's power over the symptoms of the disease may thus be compared to male sexual potency. A man can, it is true, beget a whole child, but even the strongest man cannot create in the female organism a head alone or an arm or a leg, he cannot even prescribe the child's sex. He, too, only sets in motion a highly complicated process, determined by events in the remote past, which ends with the severance of the child from its mother. A neurosis as well has the character of an organism. Its component manifestations are not independent of one another; they condition one another and give one another mutual support. A person suffers from one neurosis only, never from several which have accidentally met together in a single individual. The patient freed, according to his wish, from his

[1] [Cf. 'The Unconscious' (1915*e*), *Standard Ed.*, **14**, 187 and footnote.]

one unendurable symptom might easily find that a symptom which had previously been negligible had now increased and grown unendurable. The analyst who wishes the treatment to owe its success as little as possible to its elements of suggestion (i.e. to the transference) will do well to refrain from making use of even the trace of selective influence upon the results of the therapy which may perhaps be open to him. The patients who are bound to be most welcome to him are those who ask him to give them complete health, in so far as that is attainable, and who place as much time at his disposal as is necessary for the process of recovery. Such favourable conditions as these are, of course, to be looked for in only a few cases.

The next point that must be decided at the beginning of the treatment is the one of money, of the doctor's fee. An analyst does not dispute that money is to be regarded in the first instance as a medium for self-preservation and for obtaining power, but he maintains that, besides this, powerful sexual factors are involved in the value set upon it. He can point out that money matters are treated by civilized people in the same way as sexual matters—with the same inconsistency, prudishness and hypocrisy. The analyst is therefore determined from the first not to fall in with this attitude, but, in his dealings with his patients, to treat of money matters with the same matter-of-course frankness to which he wishes to educate them in things relating to sexual life. He shows them that he himself has cast off false shame on these topics, by voluntarily telling them the price at which he values his time. Ordinary good sense cautions him, furthermore, not to allow large sums of money to accumulate, but to ask for payment at fairly short regular intervals—monthly, perhaps. (It is a familiar fact that the value of the treatment is not enhanced in the patient's eyes if a very low fee is asked.) This is, of course, not the usual practice of nerve specialists or other physicians in our European society. But the psycho-analyst may put himself in the position of a surgeon, who is frank and expensive because he has at his disposal methods of treatment which can be of use. It seems to me more respectable and ethically less objectionable to acknowledge one's actual claims and needs rather than, as is still the practice among physicians, to act the part of the disinterested philanthropist—a position which one is not, in fact, able to fill, with

the result that one is secretly aggrieved, or complains aloud, at the lack of consideration and the desire for exploitation evinced by one's patients. In fixing his fee the analyst must also allow for the fact that, hard as he may work, he can never earn as much as other medical specialists.

For the same reason he should also refrain from giving treatment free, and make no exceptions to this in favour of his colleagues or their families. This last recommendation will seem to offend against professional amenities. It must be remembered, however, that a gratuitous treatment means much more to a psycho-analyst than to any other medical man; it means the sacrifice of a considerable portion — an eighth or a seventh part, perhaps — of the working time available to him for earning his living, over a period of many months. A second free treatment carried on at the same time would already deprive him of a quarter or a third of his earning capacity, and this would be comparable to the damage inflicted by a severe accident.

The question then arises whether the advantage gained by the patient would not to some extent counterbalance the sacrifice made by the physician. I may venture to form a judgement about this, since for ten years or so I set aside one hour a day, and sometimes two, for gratuitous treatments, because I wanted, in order to find my way about in the neuroses, to work in the face of as little resistance as possible. The advantages I sought by this means were not forthcoming. Free treatment enormously increases some of a neurotic's resistances — in young women, for instance, the temptation which is inherent in their transference-relation, and in young men, their opposition to an obligation to feel grateful, an opposition which arises from their father-complex and which presents one of the most troublesome hindrances to the acceptance of medical help. The absence of the regulating effect offered by the payment of a fee to the doctor makes itself very painfully felt, the whole relationship is removed from the real world, and the patient is deprived of a strong motive for endeavouring to bring the treatment to an end.

One may be very far from the ascetic view of money as a curse and yet regret that analytic therapy is almost inaccessible to poor people, both for external and internal reasons. Little can be done to remedy this. Perhaps there is truth in the widespread belief that those who are forced by necessity to a life of

hard toil are less easily overtaken by neurosis. But on the other hand experience shows without a doubt that when once a poor man has produced a neurosis it is only with difficulty that he lets it be taken from him. It renders him too good a service in the struggle for existence; the secondary gain from illness[1] which it brings him is much too important. He now claims by right of his neurosis the pity which the world has refused to his material distress, and he can now absolve himself from the obligation of combating his poverty by working. Anyone therefore who tries to deal with the neurosis of a poor person by psychotherapy usually discovers that what is here required of him is a practical therapy of a very different kind—the kind which, according to our local tradition, used to be dispensed by the Emperor Joseph II. Naturally, one does occasionally come across deserving people who are helpless from no fault of their own, in whom unpaid treatment does not meet with any of the obstacles that I have mentioned and in whom it leads to excellent results.

As far as the middle classes are concerned, the expense involved in psycho-analysis is excessive only in appearance. Quite apart from the fact that no comparison is possible between restored health and efficiency on the one hand and a moderate financial outlay on the other, when we add up the unceasing costs of nursing-homes and medical treatment and contrast them with the increase of efficiency and earning capacity which results from a successfully completed analysis, we are entitled to say that the patients have made a good bargain. Nothing in life is so expensive as illness—and stupidity.

Before I wind up these remarks on beginning analytic treatment, I must say a word about a certain ceremonial which concerns the position in which the treatment is carried out. I hold to the plan of getting the patient to lie on a sofa while I sit behind him out of his sight. This arrangement has a historical basis; it is the remnant of the hypnotic method out of which psycho-analysis was evolved. But it deserves to be maintained

[1] [The idea of a 'secondary gain from illness' occurs in Section B of the paper on hysterical attacks (1909*a*), though the actual phrase seems to be used for the first time here. For a fuller discussion see a footnote added by Freud in 1923 to the 'Dora' case history (1905*e*), *Standard Ed.*, **7**, 43.]

for many reasons. The first is a personal motive, but one which others may share with me. I cannot put up with being stared at by other people for eight hours a day (or more). Since, while I am listening to the patient, I, too, give myself over to the current of my unconscious thoughts, I do not wish my expressions of face to give the patient material for interpretations or to influence him in what he tells me. The patient usually regards being made to adopt this position as a hardship and rebels against it, especially if the instinct for looking (scopophilia) plays an important part in his neurosis. I insist on this procedure, however, for its purpose and result are to prevent the transference from mingling with the patient's associations imperceptibly, to isolate the transference and to allow it to come forward in due course sharply defined as a resistance. I know that many analysts work in a different way, but I do not know whether this deviation is due more to a craving for doing things differently or to some advantage which they find they gain by it. [See also below, p. 139.]

The conditions of treatment having been regulated in this manner, the question arises at what point and with what material is the treatment to begin?

What the material is with which one starts the treatment is on the whole a matter of indifference—whether it is the patient's life history or the history of his illness or his recollections of childhood. But in any case the patient must be left to do the talking and must be free to choose at what point he shall begin. We therefore say to him 'Before I can say anything to you I must know a great deal about you; please tell me what you know about yourself.'

The only exception to this is in regard to the fundamental rule of psycho-analytic technique[1] which the patient has to observe. This must be imparted to him at the very beginning: 'One more thing before you start. What you tell me must differ in one respect from an ordinary conversation. Ordinarily you rightly try to keep a connecting thread running through your remarks and you exclude any intrusive ideas that may occur to you and any side-issues, so as not to wander too far from the point. But in this case you must proceed differently. You will

[1] [See footnote 2, p. 107.]

notice that as you relate things various thoughts will occur to you which you would like to put aside on the ground of certain criticisms and objections. You will be tempted to say to yourself that this or that is irrelevant here, or is quite unimportant, or nonsensical, so that there is no need to say it. You must never give in to these criticisms, but must say it in spite of them—indeed, you must say it precisely *because* you feel an aversion to doing so. Later on you will find out and learn to understand the reason for this injunction, which is really the only one you have to follow. So say whatever goes through your mind. Act as though, for instance, you were a traveller sitting next to the window of a railway carriage and describing to someone inside the carriage the changing views which you see outside. Finally, never forget that you have promised to be absolutely honest, and never leave anything out because, for some reason or other, it is unpleasant to tell it.'[1]

[1] Much might be said about our experiences with the fundamental rule of psycho-analysis. One occasionally comes across people who behave as if they had made this rule for themselves. Others offend against it from the very beginning. It is indispensable, and also advantageous, to lay down the rule in the first stages of the treatment. Later, under the dominance of the resistances, obedience to it weakens, and there comes a time in every analysis when the patient disregards it. We must remember from our own self-analysis how irresistible the temptation is to yield to these pretexts put forward by critical judgement for rejecting certain ideas. How small is the effect of such agreements as one makes with the patient in laying down the fundamental rule is regularly demonstrated when something intimate about a third person comes up in his mind for the first time. He knows that he is supposed to say everything, but he turns discretion about other people into a new obstacle. 'Must I really say everything? I thought that only applied to things that concern myself.' It is naturally impossible to carry out analysis if the patient's relations with other people and his thoughts about them are excluded. *Pour faire une omelette il faut casser des oeufs.* An honourable man readily forgets such of the private affairs of strangers as do not seem to him important to know. Nor can an exception be made in the case of names. Otherwise the patient's narratives became a little shadowy, like the scenes in Goethe's play *Die natürliche Tochter* [*The Natural Daughter*], and do not lodge in the doctor's memory. Moreover, the names that are withheld screen the approach to all sorts of important connections. But one may perhaps allow names to be left on one side until the patient has become more familiar with the doctor and the procedure of analysis. It is very remarkable how the whole task becomes impossible if a reservation is allowed at any single place. But we have only to reflect what would happen if the right of asylum existed at any one point in a town;

Patients who date their illness from a particular moment usually concentrate upon its precipitating cause. Others, who themselves recognize the connection between their neurosis and their childhood, often begin with an account of their whole life-history. A systematic narrative should never be expected and nothing should be done to encourage it. Every detail of the story will have to be told afresh later on, and it is only with these repetitions that additional material will appear which will supply the important connections that are unknown to the patient.

There are patients who from the very first hours carefully prepare what they are going to communicate, ostensibly so as to be sure of making better use of the time devoted to the treatment. What is thus disguising itself as eagerness is resistance. Any preparation of this sort should be disrecommended, for it is only employed to guard against unwelcome thoughts cropping up.[1] However genuinely the patient may believe in his excellent intentions, the resistance will play its part in this deliberate method of preparation and will see to it that the most valuable material escapes communication. One will soon find that the patient devises yet other means by which what is required may be withheld from the treatment. He may talk over the treatment every day with some intimate friend, and bring into this discussion all the thoughts which should come forward in the presence of the doctor. The treatment thus has a leak which lets through precisely what is most valuable. When this happens, the patient must, without much delay, be advised to treat his analysis as a matter between himself and his doctor and to exclude everyone else from sharing in the knowledge of it, no matter how close to him they may be, or how inquisitive. In later stages of the treatment the patient is usually not subjected to temptations of this sort.

Certain patients want their treatment to be kept secret, often because they have kept their neurosis secret; and I put no

how long would it be before all the riff-raff of the town had collected there? I once treated a high official who was bound by his oath of office not to communicate certain things because they were state secrets, and the analysis came to grief as a consequence of this restriction. Psychoanalytic treatment must have no regard for any consideration, because the neurosis and its resistances are themselves without any such regard.

[1] Exceptions may be made only for such data as family relationships, times and places of residence, operations, and so on.

obstacle in their way. That in consequence the world hears nothing of some of the most successful cures is, of course, a consideration that cannot be taken into account. It is obvious that a patient's decision in favour of secrecy already reveals a feature of his secret history.

In advising the patient at the beginning of the treatment to tell as few people as possible about it, we also protect him to some extent from the many hostile influences that will seek to entice him away from analysis. Such influences may be very mischievous at the outset of the treatment; later, they are usually immaterial, or even useful in bringing to the fore resistances which are trying to conceal themselves.

If during the course of the analysis the patient should temporarily need some other medical or specialist treatment, it is far wiser to call in a non-analytic colleague than to give this other treatment oneself.[1] Combined treatments for neurotic disorders which have a powerful organic basis are nearly always impracticable. The patients withdraw their interest from analysis as soon as they are shown more than one path that promises to lead them to health. The best plan is to postpone the organic treatment until the psychical treatment is finished; if the former were tried first it would in most cases meet with no success.

To return to the beginning of the treatment. Patients are occasionally met with who start the treatment by assuring us that they cannot think of anything to say, although the whole field of their life-history and the story of their illness is open to them to choose from.[2] Their request that we should tell them what to talk about must not be granted on this first occasion any more than on any later one. We must bear in mind what is involved here. A strong resistance has come to the front in order to defend the neurosis; we must take up the challenge then and there and come to grips with it. Energetic and repeated assurances to the patient that it is impossible for no ideas at all to occur to him at the beginning, and that what is in

[1] [Compare this with Freud's own experiences in his very earliest cases as described in *Studies on Hysteria* (1895*d*), e.g. *Standard Ed.*, **2**, 50 and 138.]

[2] [This technical problem is already discussed by Freud in the last pages of his contribution to *Studies on Hysteria*, ibid., 301–4.]

question is a resistance against the analysis, soon oblige him to make the expected admissions or to uncover a first piece of his complexes. It is a bad sign if he has to confess that while he was listening to the fundamental rule of analysis he made a mental reservation that he would nevertheless keep this or that to himself, it is not so serious if all he has to tell us is how mistrustful he is of analysis or the horrifying things he has heard about it. If he denies these and similar possibilities when they are put before him, he can be driven by our insistence to acknowledge that he has nevertheless overlooked certain thoughts which were occupying his mind. He had thought of the treatment itself, though nothing definite about it, or he had been occupied with the picture of the room in which he was, or he could not help thinking of the objects in the consulting room and of the fact that he was lying here on a sofa—all of which he has replaced by the word 'nothing'. These indications are intelligible enough: everything connected with the present situation represents a transference to the doctor, which proves suitable to serve as a first resistance.[1] We are thus obliged to begin by uncovering this transference; and a path from it will give rapid access to the patient's pathogenic material. Women who are prepared by events in their past history to be subjected to sexual aggression and men with over-strong repressed homosexuality are the most apt thus to withhold the ideas that occur to them at the outset of their analysis.

The patient's first symptoms or chance actions, like his first resistance, may possess a special interest and may betray a complex which governs his neurosis. A clever young philosopher with exquisite aesthetic sensibilities will hasten to put the creases of his trousers straight before lying down for his first hour; he is revealing himself as a former coprophilic of the highest refinement which was to be expected from the later aesthete. A young girl will at the same juncture hurriedly pull the hem of her skirt over her exposed ankles, in doing this she is giving away the gist of what her analysis will uncover later: her narcissistic pride in her physical beauty and her inclinations to exhibitionism.

[1] [Cf. 'The Dynamics of Transference', p. 101 f. above.—In a footnote to Chapter X of *Group Psychology* (1921*c*), *Standard Ed.*, **18**, 126, Freud draws attention to the similarity between this situation and certain hypnotic techniques.]

A particularly large number of patients object to being asked to lie down, while the doctor sits out of sight behind them.[1] They ask to be allowed to go through the treatment in some other position, for the most part because they are anxious not to be deprived of a view of the doctor. Permission is regularly refused, but one cannot prevent them from contriving to say a few sentences before the beginning of the actual 'session' or after one has signified that it is finished and they have got up from the sofa. In this way they divide the treatment in their own view into an official portion, in which they mostly behave in a very inhibited manner, and an informal 'friendly' portion, in which they speak really freely and say all sorts of things which they themselves do not regard as being part of the treatment. The doctor does not accept this division for long. He takes note of what is said before or after the session and he brings it forward at the first opportunity, thus pulling down the partition which the patient has tried to erect. This partition, once again, will have been put together from the material of a transference-resistance.

So long as the patient's communications and ideas run on without any obstruction, the theme of transference should be left untouched. One must wait until the transference, which is the most delicate of all procedures, has become a resistance.

The next question with which we are faced raises a matter of principle. It is this: When are we to begin making our communications to the patient? When is the moment for disclosing to him the hidden meaning of the ideas that occur to him, and for initiating him into the postulates and technical procedures of analysis?

The answer to this can only be: Not until an effective transference has been established in the patient, a proper *rapport* with him. It remains the first aim of the treatment to attach him to it and to the person of the doctor. To ensure this, nothing need be done but to give him time. If one exhibits a serious interest in him, carefully clears away the resistances that crop up at the beginning and avoids making certain mistakes, he will of himself form such an attachment and link the doctor up with one of the imagos of the people by whom he was accustomed

[1] [Cf. above, p. 133 f.]

to be treated with affection. It is certainly possible to forfeit this first success if from the start one takes up any standpoint other than one of sympathetic understanding, such as a moralizing one, or if one behaves like a representative or advocate of some contending party of the other member of a married couple, for instance.[1]

This answer of course involves a condemnation of any line of behaviour which would lead us to give the patient a translation of his symptoms as soon as we have guessed it ourselves, or would even lead us to regard it as a special triumph to fling these 'solutions' in his face at the first interview. It is not difficult for a skilled analyst to read the patient's secret wishes plainly between the lines of his complaints and the story of his illness; but what a measure of self-complacency and thoughtlessness must be possessed by anyone who can, on the shortest acquaintance, inform a stranger who is entirely ignorant of all the tenets of analysis that he is attached to his mother by incestuous ties, that he harbours wishes for the death of his wife whom he appears to love, that he conceals an intention of betraying his superior, and so on![2] I have heard that there are analysts who plume themselves upon these kinds of lightning diagnoses and 'express' treatments, but I must warn everyone against following such examples. Behaviour of this sort will completely discredit oneself and the treatment in the patient's eyes and will arouse the most violent opposition in him, whether one's guess has been true or not; indeed, the truer the guess the more violent will be the resistance. As a rule the therapeutic effect will be nil; but the deterring of the patient from analysis will be final. Even in the later stages of analysis one must be careful not to give a patient the solution of a symptom or the translation of a wish until he is already so close to it that he has only one short step more to make in order to get hold of the explanation for himself. In former years I often had occasion to find that the premature communication of a solution brought the treatment to an untimely end, on account not only of the

[1] [In the first edition only, the latter part of this sentence read. '. . . if one behaves like a representative or advocate of some contending party with whom the patient is engaged in a conflict –of his parents, for instance, or the other member of a married couple.']

[2] [Cf. the detailed example of this which Freud had already given in his paper on '"Wild" Psycho-Analysis' (1910*k*).]

resistances which it thus suddenly awakened but also of the relief which the solution brought with it.

But at this point an objection will be raised. Is it, then, our task to lengthen the treatment and not, rather, to bring it to an end as rapidly as possible? Are not the patient's ailments due to his lack of knowledge and understanding and is it not a duty to enlighten him as soon as possible—that is, as soon as the doctor himself knows the explanations? The answer to this question calls for a short digression on the meaning of knowledge and the mechanism of cure in analysis.

It is true that in the earliest days of analytic technique we took an intellectualist view of the situation. We set a high value on the patient's knowledge of what he had forgotten, and in this we made hardly any distinction between our knowledge of it and his. We thought it a special piece of good luck if we were able to obtain information about the forgotten childhood trauma from other sources—for instance, from parents or nurses or the seducer himself—as in some cases it was possible to do; and we hastened to convey the information and the proofs of its correctness to the patient, in the certain expectation of thus bringing the neurosis and the treatment to a rapid end. It was a severe disappointment when the expected success was not forthcoming. How could it be that the patient, who now knew about his traumatic experience, nevertheless still behaved as if he knew no more about it than before? Indeed, telling and describing his repressed trauma to him did not even result in any recollection of it coming into his mind.

In one particular case the mother of a hysterical girl had confided to me the homosexual experience which had greatly contributed to the fixation of the girl's attacks. The mother had herself surprised the scene; but the patient had completely forgotten it, though it had occurred when she was already approaching puberty. I was now able to make a most instructive observation. Every time I repeated her mother's story to the girl she reacted with a hysterical attack, and after this she forgot the story once more. There is no doubt that the patient was expressing a violent resistance against the knowledge that was being forced upon her. Finally she simulated feeble-mindedness and a complete loss of memory in order to protect herself against

what I had told her. After this, there was no choice but to cease attributing to the fact of knowing, in itself, the importance that had previously been given to it and to place the emphasis on the resistances which had in the past brought about the state of not knowing and which were still ready to defend that state. Conscious knowledge, even if it was not subsequently driven out again, was powerless against those resistances.[1]

The strange behaviour of patients, in being able to combine a conscious knowing with not knowing, remains inexplicable by what is called normal psychology. But to psycho-analysis, which recognizes the existence of the unconscious, it presents no difficulty. The phenomenon we have described, moreover, provides some of the best support for a view which approaches mental processes from the angle of topographical differentiation. The patients now know of the repressed experience in their conscious thought, but this thought lacks any connection with the place where the repressed recollection is in some way or other contained. No change is possible until the conscious thought-process has penetrated to that place and has overcome the resistances of repression there. It is just as though a decree were promulgated by the Ministry of Justice to the effect that juvenile delinquencies should be dealt with in a certain lenient manner. As long as this decree has not come to the knowledge of the local magistrates, or in the event of their not intending to obey it but preferring to administer justice by their own lights, no change can occur in the treatment of particular youthful delinquents. For the sake of complete accuracy, however, it should be added that the communication of repressed material to the patient's consciousness is nevertheless not without effect. It does not produce the hoped-for result of putting an end to the symptoms; but it has other consequences. At first it arouses resistances, but then, when these have been overcome, it sets up a process of thought in the course of which the expected influencing of the unconscious recollection eventually takes place.[2]

It is now time for us to take a survey of the play of forces

[1] [The very different views on this subject held by Freud during the Breuer period are clearly shown in the account he gives of a similar case in *Studies on Hysteria* (1895*d*), *Standard Ed.*, **2**, 274–5.]

[2] [The topographical picture of the distinction between unconscious

which is set in motion by the treatment. The primary motive force in the therapy is the patient's suffering and the wish to be cured that arises from it. The strength of this motive force is subtracted from by various factors which are not discovered till the analysis is in progress above all, by what we have called the 'secondary gain from illness';[1] but it must be maintained till the end of the treatment. Every improvement effects a diminution of it. By itself, however, this motive force is not sufficient to get rid of the illness. Two things are lacking in it for this. it does not know what paths to follow to reach this end; and it does not possess the necessary quota of energy with which to oppose the resistances The analytic treatment helps to remedy both these deficiencies. It supplies the amounts of energy that are needed for overcoming the resistances by making mobile the energies which lie ready for the transference, and, by giving the patient information at the right time, it shows him the paths along which he should direct those energies. Often enough the transference is able to remove the symptoms of the disease by itself, but only for a while—only for as long as it itself lasts. In this case the treatment is a treatment by suggestion, and not a psycho-analysis at all. It only deserves the latter name if the intensity of the transference has been utilized for the overcoming of resistances. Only then has being ill become impossible, even when the transference has once more been dissolved, which is its destined end.

In the course of the treatment yet another helpful factor is aroused. This is the patient's intellectual interest and understanding. But this alone hardly comes into consideration in comparison with the other forces that are engaged in the struggle; for it is always in danger of losing its value, as a result of the clouding of judgement that arises from the resistances. Thus the new sources of strength for which the patient is indebted to his analyst are reducible to transference and instruction

and conscious ideas had been discussed by Freud already in the case history of 'Little Hans' (1909*b*), *Standard Ed.*, **10**, 120–1, and he had referred to it again by implication in his paper on 'wild' analysis (1910*k*), *Standard Ed.*, **11**, 225 The difficulties and insufficiencies of the picture were pointed out some two years after the publication of the present work in Sections II and VII of the metapsychological paper on 'The Unconscious' (1915*e*), where a more deep-going account of the distinction was propounded.]

[1] [See footnote above, p. 133.]

(through the communications made to him). The patient, however, only makes use of the instruction in so far as he is induced to do so by the transference; and it is for this reason that our first communication should be withheld until a strong transference has been established. And this, we may add, holds good of every subsequent communication. In each case we must wait until the disturbance of the transference by the successive emergence of transference-resistances has been removed.[1]

[1] [The whole question of the mechanism of psycho-analytic therapy and in particular of the transference was discussed at greater length in Lectures XXVII and XXVIII of the *Introductory Lectures* (1916–17).—Freud makes some interesting comments on the difficulty of carrying out the 'fundamental rule of psycho-analysis' (p. 134 ff. above) in Chapter VI of *Inhibitions, Symptoms and Anxiety* (1926*d*).]

REMEMBERING, REPEATING AND WORKING-THROUGH

(FURTHER RECOMMENDATIONS ON THE TECHNIQUE OF PSYCHO-ANALYSIS II)

(1914)

ERINNERN, WIEDERHOLEN UND DURCHARBEITEN

(*a*) GERMAN EDITIONS:

1914 *Int. Z. Psychoanal.*, **2** (6), 485–91.
1918 *S.K.S.N.*, **4**, 441–52 (1922, 2nd ed.).
1924 *Technik und Metapsychol.*, 109–19.
1925 *G.S.*, **6**, 109–19.
1931 *Neurosenlehre und Technik*, 385–96.
1946 *G.W.*, **10**, 126–36.

(*b*) ENGLISH TRANSLATION:

'Further Recommendations in the Technique of Psycho-Analysis: Recollection, Repetition, and Working-Through'
1924 *C.P.*, **2**, 366–76. (Tr. Joan Riviere.)

The present translation, with a changed title, is a modified version of the one published in 1924.

At its original appearance (which was at the end of 1914) the title of this paper ran. 'Weitere Ratschläge zur Technik der Psychoanalyse (II). Erinnern, Wiederholen und Durcharbeiten.' The title of the English translation of 1924, quoted above, is a rendering of this. From 1924 onwards the German editions adopted the shorter title.

This paper is noteworthy, apart from its technical interest, for containing the first appearance of the concepts of the 'compulsion to repeat' (p. 150) and of 'working-through' (p. 155).

REMEMBERING, REPEATING AND WORKING-THROUGH

(FURTHER RECOMMENDATIONS ON THE TECHNIQUE OF PSYCHO-ANALYSIS II)

It seems to me not unnecessary to keep on reminding students of the far-reaching changes which psycho-analytic technique has undergone since its first beginnings. In its first phase—that of Breuer's catharsis—it consisted in bringing directly into focus the moment at which the symptom was formed, and in persistently endeavouring to reproduce the mental processes involved in that situation, in order to direct their discharge along the path of conscious activity. Remembering and abreacting, with the help of the hypnotic state, were what was at that time aimed at. Next, when hypnosis had been given up, the task became one of discovering from the patient's free associations what he failed to remember. The resistance was to be circumvented by the work of interpretation and by making its results known to the patient. The situations which had given rise to the formation of the symptom and the other situations which lay behind the moment at which the illness broke out retained their place as the focus of interest; but the element of abreaction receded into the background and seemed to be replaced by the expenditure of work which the patient had to make in being obliged to overcome his criticism of his free associations, in accordance with the fundamental rule of psycho-analysis. Finally, there was evolved the consistent technique used today, in which the analyst gives up the attempt to bring a particular moment or problem into focus. He contents himself with studying whatever is present for the time being on the surface of the patient's mind, and he employs the art of interpretation mainly for the purpose of recognizing the resistances which appear there, and making them conscious to the patient. From this there results a new sort of division of labour: the doctor uncovers the resistances which are unknown to the patient; when these have been got the better of, the patient often relates the forgotten situations and connections without any difficulty. The aim of these different techniques has, of course,

remained the same. Descriptively speaking, it is to fill in gaps in memory; dynamically speaking, it is to overcome resistances due to repression.

We must still be grateful to the old hypnotic technique for having brought before us single psychical processes of analysis in an isolated or schematic form. Only this could have given us the courage ourselves to create more complicated situations in the analytic treatment and to keep them clear before us

In these hypnotic treatments the process of remembering took a very simple form. The patient put himself back into an earlier situation, which he seemed never to confuse with the present one, and gave an account of the mental processes belonging to it, in so far as they had remained normal; he then added to this whatever was able to emerge as a result of transforming the processes that had at the time been unconscious into conscious ones.

At this point I will interpolate a few remarks which every analyst has found confirmed in his observations.[1] Forgetting impressions, scenes or experiences nearly always reduces itself to shutting them off. When the patient talks about these 'forgotten' things he seldom fails to add. 'As a matter of fact I've always known it; only I've never thought of it.' He often expresses disappointment at the fact that not enough things come into his head that he can call 'forgotten' that he has never thought of since they happened. Nevertheless, even this desire is fulfilled, especially in the case of conversion hysterias. 'Forgetting' becomes still further restricted when we assess at their true value the screen memories which are so generally present. In some cases I have had an impression that the familiar childhood amnesia, which is theoretically so important to us, is completely counterbalanced by screen memories. Not only *some* but *all* of what is essential from childhood has been retained in these memories. It is simply a question of knowing how to extract it out of them by analysis. They represent the forgotten years of childhood as adequately as the manifest content of a dream represents the dream-thoughts.

The other group of psychical processes—phantasies, processes of reference, emotional impulses, thought-connections—

[1] [In the first edition only, this and the following three paragraphs (which make up the 'interpolation') were printed in smaller type.]

which, as purely internal acts, can be contrasted with impressions and experiences, must, in their relation to forgetting and remembering, be considered separately. In these processes it particularly often happens that something is 'remembered' which could never have been 'forgotten' because it was never at any time noticed — was never conscious. As regards the course taken by psychical events it seems to make no difference whatever whether such a 'thought-connection' was conscious and then forgotten or whether it never managed to become conscious at all. The conviction which the patient obtains in the course of his analysis is quite independent of this kind of memory.

In the many different forms of obsessional neurosis in particular, forgetting is mostly restricted to dissolving thought-connections, failing to draw the right conclusions and isolating memories.

There is one special class of experiences of the utmost importance for which no memory can as a rule be recovered. These are experiences which occurred in very early childhood and were not understood at the time but which were *subsequently* understood and interpreted. One gains a knowledge of them through dreams and one is obliged to believe in them on the most compelling evidence provided by the fabric of the neurosis. Moreover, we can ascertain for ourselves that the patient, after his resistances have been overcome, no longer invokes the absence of any memory of them (any sense of familiarity with them) as a ground for refusing to accept them. This matter, however, calls for so much critical caution and introduces so much that is novel and startling that I shall reserve it for a separate discussion in connection with suitable material.[1]

Under the new technique very little, and often nothing, is left of this delightfully smooth course of events.[2] There are some

[1] [This is, of course, a reference to the 'Wolf Man' and his dream at the age of four. Freud had only recently completed his analysis, and he was probably engaged in writing the case history more or less simultaneously with the present paper, though it was only published some four years later (1918*b*). Before that time, however, Freud entered into a discussion of this special class of childhood memories in the later part of Lecture XXIII of his *Introductory Lectures* (1916–17).]

[2] [Freud picks up his argument from where he left it at the beginning of the 'interpolation' on the previous page.]

cases which behave like those under the hypnotic technique up to a point and only later cease to do so; but others behave differently from the beginning. If we confine ourselves to this second type in order to bring out the difference, we may say that the patient does not *remember* anything of what he has forgotten and repressed, but *acts* it out.[1] He reproduces it not as a memory but as an action, he *repeats* it, without, of course, knowing that he is repeating it.

For instance, the patient does not say that he remembers that he used to be defiant and critical towards his parents' authority; instead, he behaves in that way to the doctor. He does not remember how he came to a helpless and hopeless deadlock in his infantile sexual researches; but he produces a mass of confused dreams and associations, complains that he cannot succeed in anything and asserts that he is fated never to carry through what he undertakes. He does not remember having been intensely ashamed of certain sexual activities and afraid of their being found out, but he makes it clear that he is ashamed of the treatment on which he is now embarked and tries to keep it secret from everybody. And so on.

Above all, the patient will *begin* his treatment with a repetition of this kind. When one has announced the fundamental rule of psycho-analysis to a patient with an eventful life-history and a long story of illness and has then asked him to say what occurs to his mind, one expects him to pour out a flood of information; but often the first thing that happens is that he has nothing to say. He is silent and declares that nothing occurs to him. This, of course, is merely a repetition of a homosexual attitude which comes to the fore as a resistance against remembering anything [p. 138] As long as the patient is in the treatment he cannot escape from this compulsion to repeat;[2] and in the end we understand that this is his way of remembering.

[1] [This had been made plain by Freud very much earlier, in his postscript to his analysis of 'Dora' (1905*e*), *Standard Ed.*, **7**, 119, where the topic of transference is under discussion.]

[2] [This seems to be the first appearance of the idea, which, in a much more generalized form, was to play such an important part in Freud's later theory of the instincts. In its present clinical application, it reappears in the paper on 'The Uncanny' (1919*h*), *Standard Ed.*, **17**, 238, and is used as part of the evidence in support of the general thesis in Chapter III of *Beyond the Pleasure Principle* (1920*g*), *Standard Ed.*, **18**, 18 ff., where there is a reference back to the present paper.]

What interests us most of all is naturally the relation of this compulsion to repeat to the transference and to resistance. We soon perceive that the transference is itself only a piece of repetition, and that the repetition is a transference of the forgotten past not only on to the doctor but also on to all the other aspects of the current situation. We must be prepared to find, therefore, that the patient yields to the compulsion to repeat, which now replaces the impulsion to remember, not only in his personal attitude to his doctor but also in every other activity and relationship which may occupy his life at the time—if, for instance, he falls in love or undertakes a task or starts an enterprise during the treatment. The part played by resistance, too, is easily recognized. The greater the resistance, the more extensively will acting out (repetition) replace remembering. For the ideal remembering of what has been forgotten which occurs in hypnosis corresponds to a state in which resistance has been put completely on one side. If the patient starts his treatment under the auspices of a mild and unpronounced positive transference it makes it possible at first for him to unearth his memories just as he would under hypnosis, and during this time his pathological symptoms themselves are quiescent. But if, as the analysis proceeds, the transference becomes hostile or unduly intense and therefore in need of repression, remembering at once gives way to acting out. From then onwards the resistances determine the sequence of the material which is to be repeated. The patient brings out of the armoury of the past the weapons with which he defends himself against the progress of the treatment—weapons which we must wrest from him one by one.

We have learnt that the patient repeats instead of remembering, and repeats under the conditions of resistance. We may now ask what it is that he in fact repeats or acts out. The answer is that he repeats everything that has already made its way from the sources of the repressed into his manifest personality—his inhibitions and unserviceable attitudes and his pathological character-traits. He also repeats all his symptoms in the course of the treatment. And now we can see that in drawing attention to the compulsion to repeat we have acquired no new fact but only a more comprehensive view. We have only made it clear to ourselves that the patient's state of being ill cannot cease with the beginning of his analysis, and that we must treat his illness, not as an event of the past, but as a present-day force. This state

of illness is brought, piece by piece, within the field and range of operation of the treatment, and while the patient experiences it as something real and contemporary, we have to do our therapeutic work on it, which consists in a large measure in tracing it back to the past.

Remembering, as it was induced in hypnosis, could not but give the impression of an experiment carried out in the laboratory. Repeating, as it is induced in analytic treatment according to the newer technique, on the other hand, implies conjuring up a piece of real life; and for that reason it cannot always be harmless and unobjectionable. This consideration opens up the whole problem of what is so often unavoidable—'deterioration during treatment'.

First and foremost, the initiation of the treatment in itself brings about a change in the patient's conscious attitude to his illness. He has usually been content with lamenting it, despising it as nonsensical and under-estimating its importance, for the rest, he has extended to its manifestations the ostrich-like policy of repression which he adopted towards its origins. Thus it can happen that he does not properly know under what conditions his phobia breaks out or does not listen to the precise wording of his obsessional ideas or does not grasp the actual purpose of his obsessional impulse.[1] The treatment, of course, is not helped by this. He must find the courage to direct his attention to the phenomena of his illness. His illness itself must no longer seem to him contemptible, but must become an enemy worthy of his mettle, a piece of his personality, which has solid ground for its existence and out of which things of value for his future life have to be derived. The way is thus paved from the beginning for a reconciliation with the repressed material which is coming to expression in his symptoms, while at the same time place is found for a certain tolerance for the state of being ill. If this new attitude towards the illness intensifies the conflicts and brings to the fore symptoms which till then had been indistinct, one can easily console the patient by pointing out that these are only necessary and temporary aggravations and that one cannot overcome an enemy who is absent or not within range. The resistance, however, may exploit the situation for its own ends and abuse the licence to be ill. It seems to say: 'See what happens

[1] [See examples of this in the case histories of 'Little Hans' (1909*b*), *Standard Ed.*, **10**, 124, and of the 'Rat Man' (1909*d*), ibid., 223.]

if I really give way to such things. Was I not right to consign them to repression?' Young and childish people in particular are inclined to make the necessity imposed by the treatment for paying attention to their illness a welcome excuse for luxuriating in their symptoms.

Further dangers arise from the fact that in the course of the treatment new and deeper-lying instinctual impulses, which had not hitherto made themselves felt, may come to be 'repeated'. Finally, it is possible that the patient's actions outside the transference may do him temporary harm in his ordinary life, or even have been so chosen as permanently to invalidate his prospects of recovery.

The tactics to be adopted by the physician in this situation are easily justified. For him, remembering in the old manner – reproduction in the psychical field – is the aim to which he adheres, even though he knows that such an aim cannot be achieved in the new technique. He is prepared for a perpetual struggle with his patient to keep in the psychical sphere all the impulses which the patient would like to direct into the motor sphere; and he celebrates it as a triumph for the treatment if he can bring it about that something that the patient wishes to discharge in action is disposed of through the work of remembering. If the attachment through transference has grown into something at all serviceable, the treatment is able to prevent the patient from executing any of the more important repetitive actions and to utilize his intention to do so *in statu nascendi* as material for the therapeutic work. One best protects the patient from injuries brought about through carrying out one of his impulses by making him promise not to take any important decisions affecting his life during the time of his treatment—for instance, not to choose any profession or definitive love-object but to postpone all such plans until after his recovery.

At the same time one willingly leaves untouched as much of the patient's personal freedom as is compatible with these restrictions, nor does one hinder him from carrying out unimportant intentions, even if they are foolish, one does not forget that it is in fact only through his own experience and mishaps that a person learns sense. There are also people whom one cannot restrain from plunging into some quite undesirable project during the treatment and who only afterwards become ready for, and accessible to, analysis. Occasionally, too, it is bound to

happen that the untamed instincts assert themselves before there is time to put the reins of the transference on them, or that the bonds which attach the patient to the treatment are broken by him in a repetitive action. As an extreme example of this, I may cite the case of an elderly lady who had repeatedly fled from her house and her husband in a twilight state and gone no one knew where, without ever having become conscious of her motive for decamping in this way. She came to treatment with a marked affectionate transference which grew in intensity with uncanny rapidity in the first few days; by the end of the week she had decamped from me, too, before I had had time to say anything to her which might have prevented this repetition.

The main instrument, however, for curbing the patient's compulsion to repeat and for turning it into a motive for remembering lies in the handling of the transference. We render the compulsion harmless, and indeed useful, by giving it the right to assert itself in a definite field. We admit it into the transference as a playground in which it is allowed to expand in almost complete freedom and in which it is expected to display to us everything in the way of pathogenic instincts that is hidden in the patient's mind. Provided only that the patient shows compliance enough to respect the necessary conditions of the analysis, we regularly succeed in giving all the symptoms of the illness a new transference meaning[1] and in replacing his ordinary neurosis by a 'transference-neurosis'[2] of which he can be cured by the therapeutic work. The transference thus creates an intermediate region between illness and real life through which the transition from the one to the other is made. The new condition has taken over all the features of the illness; but it represents an artificial illness which is at every point accessible to our intervention. It is a piece of real experience, but one which has been made possible by especially favourable conditions, and it is of a provisional nature. From the repetitive reactions[3] which are exhibited in the transference we are led along the familiar paths to the

[1] ['*Übertragungsbedeutung*.' In the editions before 1924 this read '*Übertragungsbedingung*' 'transference-determinant'.]

[2] [The connection between this special use of the term and the usual one (to denote the hysterias and obsessional neurosis) is indicated in Lecture XXVII of the *Introductory Lectures* (1916-17).]

[3] [In the first edition only, this read 'repetitive actions'.]

awakening of the memories, which appear without difficulty, as it were, after the resistance has been overcome.

I might break off at this point but for the title of this paper, which obliges me to discuss a further point in analytic technique. The first step in overcoming the resistances is made, as we know, by the analyst's uncovering the resistance, which is never recognized by the patient, and acquainting him with it. Now it seems that beginners in analytic practice are inclined to look on this introductory step as constituting the whole of their work. I have often been asked to advise upon cases in which the doctor complained that he had pointed out his resistance to the patient and that nevertheless no change had set in; indeed, the resistance had become all the stronger, and the whole situation was more obscure than ever. The treatment seemed to make no headway. This gloomy foreboding always proved mistaken. The treatment was as a rule progressing most satisfactorily. The analyst had merely forgotten that giving the resistance a name could not result in its immediate cessation. One must allow the patient time to become more conversant with this resistance with which he has now become acquainted,[1] to *work through* it, to overcome it, by continuing, in defiance of it, the analytic work according to the fundamental rule of analysis. Only when the resistance is at its height can the analyst, working in common with his patient, discover the repressed instinctual impulses which are feeding the resistance; and it is this kind of experience which convinces the patient of the existence and power of such impulses. The doctor has nothing else to do than to wait and let things take their course, a course which cannot be avoided nor always hastened. If he holds fast to this conviction he will often be spared the illusion of having failed when in fact he is conducting the treatment on the right lines.

This working-through of the resistances may in practice turn out to be an arduous task for the subject of the analysis and a trial of patience for the analyst. Nevertheless it is a part of the work which effects the greatest changes in the patient and which distinguishes analytic treatment from any kind of treatment by

[1] ['. . . sich in den ihm nun bekannten Widerstand zu vertiefen.' Thus in the first edition only. In all the later German editions 'nun bekannten' was altered to 'unbekannten'. This, however, seems to make less good sense: 'to become more conversant with the resistance that is unknown to him.']

suggestion. From a theoretical point of view one may correlate it with the 'abreacting' of the quotas of affect strangulated by repression – an abreaction without which hypnotic treatment remained ineffective.[1]

[1] [The concept of 'working-through', introduced in the present paper, is evidently related to the 'psychical inertia' which Freud discusses in several passages. Some of these are enumerated in an Editor's footnote to a paper on a case of paranoia (1915*f*), *Standard Ed.*, **14**, 272. In Chapter XI, Section A (*a*) of *Inhibitions, Symptoms and Anxiety* (1926*d*), Freud attributes the necessity for 'working-through' to the resistance of the unconscious (or of the id), a subject to which he returns in Section VI of 'Analysis Terminable and Interminable' (1937*c*).]

OBSERVATIONS ON TRANSFERENCE-LOVE

(FURTHER RECOMMENDATIONS ON THE TECHNIQUE OF PSYCHO-ANALYSIS III)

(1915 [1914])

BEMERKUNGEN ÜBER DIE ÜBERTRAGUNGSLIEBE

(*a*) GERMAN EDITIONS:

1915 *Int. Z. Psychoanal.*, **3** (1), 1–11.
1918 *S.K S.N.*, **4**, 453–69. (1922, 2nd ed.)
1924 *Technik und Metapsychol.*, 120–35.
1925 *G.S.*, **6**, 120–35.
1931 *Neurosenlehre und Technik*, 385–96.
1946 *G.W.*, **10**, 306–21.

(*b*) ENGLISH TRANSLATION:

'Further Recommendations in the Technique of Psycho-Analysis: Observations on Transference-Love'
1924 *C.P.*, **2**, 377–91. (Tr. Joan Riviere.)

The present translation, with a changed title, is a modified version of the one published in 1924.

When this paper was first published (early in 1915), its title ran. 'Weitere Ratschläge zur Technik der Psychoanalyse (III): Bemerkungen über die Übertragungsliebe.' The title of the English translation of 1924, as given above, is a rendering of this. The German editions from 1924 onwards adopted the shorter title.

Dr. Ernest Jones tells us (1955, 266) that Freud considered this the best of the present series of technical papers. A letter written by Freud to Ferenczi on December 13, 1931, in connection with the technical innovations introduced by the latter, forms an interesting postscript to this paper. It was published by Dr. Jones towards the end of Chapter IV of his third volume of Freud's biography (1957, 174 ff.).

OBSERVATIONS ON TRANSFERENCE-LOVE

(FURTHER RECOMMENDATIONS ON THE TECHNIQUE OF PSYCHO-ANALYSIS III)

EVERY beginner in psycho-analysis probably feels alarmed at first at the difficulties in store for him when he comes to interpret the patient's associations and to deal with the reproduction of the repressed. When the time comes, however, he soon learns to look upon these difficulties as insignificant, and instead becomes convinced that the only really serious difficulties he has to meet lie in the management of the transference.

Among the situations which arise in this connection I shall select one which is very sharply circumscribed; and I shall select it, partly because it occurs so often and is so important in its real aspects and partly because of its theoretical interest. What I have in mind is the case in which a woman patient shows by unmistakable indications, or openly declares, that she has fallen in love, as any other mortal woman might, with the doctor who is analysing her. This situation has its distressing and comical aspects, as well as its serious ones. It is also determined by so many and such complicated factors, it is so unavoidable and so difficult to clear up, that a discussion of it to meet a vital need of analytic technique has long been overdue. But since we who laugh at other people's failings are not always free from them ourselves, we have not so far been precisely in a hurry to fulfil this task. We are constantly coming up against the obligation to professional discretion—a discretion which cannot be dispensed with in real life, but which is of no service in our science. In so far as psycho-analytic publications are a part of real life, too, we have here an insoluble contradiction. I have recently disregarded this matter of discretion at one point,[1] and shown how this same transference situation held back the development of psycho-analytic therapy during its first decade.

[1] In the first section of my contribution to the history of the psycho-analytic movement (1914*d*). [This refers to Breuer's difficulties over the transference in the case of Anna O. (*Standard Ed.*, **14**, 12).]

To a well-educated layman (for that is what the ideal civilized person is in regard to psycho-analysis) things that have to do with love are incommensurable with everything else; they are, as it were, written on a special page on which no other writing is tolerated. If a woman patient has fallen in love with her doctor it seems to such a layman that only two outcomes are possible. One, which happens comparatively rarely, is that all the circumstances allow of a permanent legal union between them; the other, which is more frequent, is that the doctor and the patient part and give up the work they have begun which was to have led to her recovery, as though it had been interrupted by some elemental phenomenon. There is, to be sure, a third conceivable outcome, which even seems compatible with a continuation of the treatment. This is that they should enter into a love-relationship which is illicit and which is not intended to last for ever. But such a course is made impossible by conventional morality and professional standards. Nevertheless, our layman will beg the analyst to reassure him as unambiguously as possible that this third alternative is excluded.

It is clear that a psycho-analyst must look at things from a different point of view.

Let us take the case of the second outcome of the situation we are considering. After the patient has fallen in love with her doctor, they part; the treatment is given up. But soon the patient's condition necessitates her making a second attempt at analysis, with another doctor. The next thing that happens is that she feels she has fallen in love with this second doctor too; and if she breaks off with him and begins yet again, the same thing will happen with the third doctor, and so on. This phenomenon, which occurs without fail and which is, as we know, one of the foundations of the psycho-analytic theory, may be evaluated from two points of view, that of the doctor who is carrying out the analysis and that of the patient who is in need of it.

For the doctor the phenomenon signifies a valuable piece of enlightenment and a useful warning against any tendency to a counter-transference which may be present in his own mind.[1] He must recognize that the patient's falling in love is induced

[1] [The question of the 'counter-transference' had already been raised by Freud in his Nuremberg Congress paper (1910*d*), *Standard Ed.*, **11**,

by the analytic situation and is not to be attributed to the charms of his own person, so that he has no grounds whatever for being proud of such a 'conquest', as it would be called outside analysis. And it is always well to be reminded of this. For the patient, however, there are two alternatives: either she must relinquish psycho-analytic treatment or she must accept falling in love with her doctor as an inescapable fate.[1]

I have no doubt that the patient's relatives and friends will decide as emphatically for the first of these two alternatives as the analyst will for the second. But I think that here is a case in which the decision cannot be left to the tender—or rather, the egoistic and jealous—concern of her relatives. The welfare of the patient alone should be the touchstone; her relatives' love cannot cure her neurosis. The analyst need not push himself forward, but he may insist that he is indispensable for the achievement of certain ends. Any relative who adopts Tolstoy's attitude to this problem can remain in undisturbed possession of his wife or daughter; but he will have to try to put up with the fact that she, for her part, retains her neurosis and the interference with her capacity for love which it involves. The situation, after all, is similar to that in a gynaecological treatment. Moreover, the jealous father or husband is greatly mistaken if he thinks that the patient will escape falling in love with her doctor if he hands her over to some kind of treatment other than analysis for combating her neurosis. The difference, on the contrary, will only be that a love of this kind, which is bound to remain unexpressed and unanalysed, can never make the contribution to the patient's recovery which analysis would have extracted from it.

It has come to my knowledge that some doctors who practise analysis frequently[2] prepare their patients for the emergence of the erotic transference or even urge them to 'go ahead and fall in love with the doctor so that the treatment may make progress'. I can hardly imagine a more senseless proceeding.

144–5. He returns to it below, on pp. 165 f. and 169 f. Apart from these passages, it is hard to find any other explicit discussions of the subject in Freud's published works.]

[1] We know that the transference can manifest itself in other, less tender feelings, but I do not propose to go into that side of the matter here. [See the paper on 'The Dynamics of Transference' (1912*b*), p. 105 above.]

[2] ['*Häufig*.' In the first edition only, the word here is '*frühzeitig*' ('early').]

In doing so, an analyst robs the phenomenon of the element of spontaneity which is so convincing and lays up obstacles for himself in the future which are hard to overcome.[1]

At a first glance it certainly does not look as if the patient's falling in love in the transference could result in any advantage to the treatment. No matter how amenable she has been up till then, she suddenly loses all understanding of the treatment and all interest in it, and will not speak or hear about anything but her love, which she demands to have returned. She gives up her symptoms or pays no attention to them; indeed, she declares that she is well. There is a complete change of scene; it is as though some piece of make-believe had been stopped by the sudden irruption of reality – as when, for instance, a cry of fire is raised during a theatrical performance. No doctor who experiences this for the first time will find it easy to retain his grasp on the analytic situation and to keep clear of the illusion that the treatment is really at an end.

A little reflection enables one to find one's bearings. First and foremost, one keeps in mind the suspicion that anything that interferes with the continuation of the treatment may be an expression of resistance.[2] There can be no doubt that the outbreak of a passionate demand for love is largely the work of resistance. One will have long since noticed in the patient the signs of an affectionate transference, and one will have been able to feel certain that her docility, her acceptance of the analytic explanations, her remarkable comprehension and the high degree of intelligence she showed were to be attributed to this attitude towards her doctor. Now all this is swept away. She has become quite without insight and seems to be swallowed up in her love. Moreover, this change quite regularly occurs precisely at a point of time when one is having to try to bring her to admit or remember some particularly distressing and heavily repressed piece of her life-history. She has been in love, therefore, for a long time; but now the resistance is beginning to make use of her love in order to hinder the continuation of

[1] [In the first edition only, this paragraph (which is in the nature of a parenthesis) was printed in small type.]

[2] [Freud had already stated this still more categorically in the first edition of *The Interpretation of Dreams* (1900*a*), *Standard Ed.*, 5, 517. But in 1923 he added a long footnote to the passage, explaining its sense and qualifying the terms in which he had expressed himself.]

the treatment, to deflect all her interest from the work and to put the analyst in an awkward position.

If one looks into the situation more closely one recognizes the influence of motives which further complicate things—of which some are connected with being in love and others are particular expressions of resistance. Of the first kind are the patient's endeavour to assure herself of her irresistibility, to destroy the doctor's authority by bringing him down to the level of a lover and to gain all the other promised advantages incidental to the satisfaction of love. As regards the resistance, we may suspect that on occasion it makes use of a declaration of love on the patient's part as a means of putting her analyst's severity to the test, so that, if he should show signs of compliance, he may expect to be taken to task for it. But above all, one gets an impression that the resistance is acting as an *agent provocateur*; it heightens the patient's state of being in love and exaggerates her readiness for sexual surrender in order to justify the workings of repression all the more emphatically, by pointing to the dangers of such licentiousness.[1] All these accessory motives, which in simpler cases may not be present, have, as we know, been regarded by Adler as the essential part of the whole process.[2]

But how is the analyst to behave in order not to come to grief over this situation, supposing he is convinced that the treatment should be carried on in spite of this erotic transference and should take it in its stride?

It would be easy for me to lay stress on the universally accepted standards of morality and to insist that the analyst must never under any circumstances accept or return the tender feelings that are offered him that, instead, he must consider that the time has come for him to put before the woman who is in love with him the demands of social morality and the necessity for renunciation, and to succeed in making her give up her desires, and, having surmounted the animal side of her self, go on with the work of analysis.

I shall not, however, fulfil these expectations—neither the first nor the second of them. Not the first, because I am writing not for patients but for doctors who have serious difficulties to contend with, and also because in this instance I am able to trace the moral prescription back to its source, namely to

[1] [Cf. pp. 152–3.]

expediency. I am on this occasion in the happy position of being able to replace the moral embargo by considerations of analytic technique, without any alteration in the outcome.

Even more decidedly, however, do I decline to fulfil the second of the expectations I have mentioned. To urge the patient to suppress, renounce or sublimate her instincts the moment she has admitted her erotic transference would be, not an analytic way of dealing with them, but a senseless one. It would be just as though, after summoning up a spirit from the underworld by cunning spells, one were to send him down again without having asked him a single question. One would have brought the repressed into consciousness, only to repress it once more in a fright. Nor should we deceive ourselves about the success of any such proceeding. As we know, the passions are little affected by sublime speeches. The patient will feel only the humiliation, and she will not fail to take her revenge for it.

Just as little can I advocate a middle course, which would recommend itself to some people as being specially ingenious. This would consist in declaring that one returns the patient's fond feelings but at the same time in avoiding any physical implementation of this fondness until one is able to guide the relationship into calmer channels and raise it to a higher level. My objection to this expedient is that psycho-analytic treatment is founded on truthfulness. In this fact lies a great part of its educative effect and its ethical value. It is dangerous to depart from this foundation. Anyone who has become saturated in the analytic technique will no longer be able to make use of the lies and pretences which a doctor normally finds unavoidable; and if, with the best intentions, he does attempt to do so, he is very likely to betray himself. Since we demand strict truthfulness from our patients, we jeopardize our whole authority if we let ourselves be caught out by them in a departure from the truth. Besides, the experiment of letting oneself go a little way in tender feelings for the patient is not altogether without danger. Our control over ourselves is not so complete that we may not suddenly one day go further than we had intended. In my opinion, therefore, we ought not to give up the neutrality towards the patient, which we have acquired through keeping the counter-transference in check.

I have already let it be understood that analytic technique

requires of the physician that he should deny to the patient who is craving for love the satisfaction she demands. The treatment must be carried out in abstinence By this I do not mean physical abstinence alone, nor yet the deprivation of everything that the patient desires, for perhaps no sick person could tolerate this. Instead, I shall state it as a fundamental principle that the patient's need and longing should be allowed to persist in her, in order that they may serve as forces impelling her to do work and to make changes, and that we must beware of appeasing those forces by means of surrogates. And what we could offer would never be anything else than a surrogate, for the patient's condition is such that, until her repressions are removed, she is incapable of getting real satisfaction.

Let us admit that this fundamental principle of the treatment being carried out in abstinence extends far beyond the single case we are considering here, and that it needs to be thoroughly discussed in order that we may define the limits of its possible application.[1] We will not enter into this now, however, but will keep as close as possible to the situation from which we started out. What would happen if the doctor were to behave differently and, supposing both parties were free, if he were to avail himself of that freedom in order to return the patient's love and to still her need for affection?

If he has been guided by the calculation that this compliance on his part will ensure his domination over his patient and thus enable him to influence her to perform the tasks required by the treatment, and in this way to liberate herself permanently from her neurosis then experience would inevitably show him that his calculation was wrong. The patient would achieve *her* aim, but he would never achieve *his*. What would happen to the doctor and the patient would only be what happened, according to the amusing anecdote, to the pastor and the insurance agent. The insurance agent, a free-thinker, lay at the point of death and his relatives insisted on bringing in a man of God to convert him before he died. The interview lasted so long that those who were waiting outside began to have hopes. At last the door of the sick-chamber opened. The free-thinker had not been converted; but the pastor went away insured.

[1] [Freud took this subject up again in his Budapest Congress paper (1919*a*), *Standard Ed.*, **17**, 162–3.]

If the patient's advances were returned it would be a great triumph for her, but a complete defeat for the treatment. She would have succeeded in what all patients strive for in analysis —she would have succeeded in acting out, in repeating in real life, what she ought only to have remembered, to have reproduced as psychical material and to have kept within the sphere of psychical events.[1] In the further course of the love-relationship she would bring out all the inhibitions and pathological reactions of her erotic life, without there being any possibility of correcting them; and the distressing episode would end in remorse and a great strengthening of her propensity to repression. The love-relationship in fact destroys the patient's susceptibility to influence from analytic treatment. A combination of the two would be an impossibility.

It is, therefore, just as disastrous for the analysis if the patient's craving for love is gratified as if it is suppressed. The course the analyst must pursue is neither of these; it is one for which there is no model in real life. He must take care not to steer away from the transference-love, or to repulse it or to make it distasteful to the patient; but he must just as resolutely withhold any response to it. He must keep firm hold of the transference-love, but treat it as something unreal, as a situation which has to be gone through in the treatment and traced back to its unconscious origins and which must assist in bringing all that is most deeply hidden in the patient's erotic life into her consciousness and therefore under her control The more plainly the analyst lets it be seen that he is proof against every temptation, the more readily will he be able to extract from the situation its analytic content. The patient, whose sexual repression is of course not yet removed but merely pushed into the background, will then feel safe enough to allow all her preconditions for loving, all the phantasies springing from her sexual desires, all the detailed characteristics of her state of being in love, to come to light, and from these she will herself open the way to the infantile roots of her love.

There is, it is true, one class of women with whom this attempt to preserve the erotic transference for the purposes of analytic work without satisfying it will not succeed. These are women of elemental passionateness who tolerate no surrogates. They are children of nature who refuse to accept the psychical

[1] See the preceding paper [p. 150].

in place of the material, who, in the poet's words, are accessible only to 'the logic of soup, with dumplings for arguments'. With such people one has the choice between returning their love or else bringing down upon oneself the full enmity of a woman scorned. In neither case can one safeguard the interests of the treatment. One has to withdraw, unsuccessful; and all one can do is to turn the problem over in one's mind of how it is that a capacity for neurosis is joined with such an intractable need for love.

Many analysts will no doubt be agreed on the method by which other women, who are less violent in their love, can be gradually made to adopt the analytic attitude. What we do, above all, is to stress to the patient the unmistakable element of resistance in this 'love'. Genuine love, we say, would make her docile and intensify her readiness to solve the problems of her case, simply because the man she was in love with expected it of her. In such a case she would gladly choose the road to completion of the treatment, in order to acquire value in the doctor's eyes and to prepare herself for real life, where this feeling of love could find a proper place. Instead of this, we point out, she is showing a stubborn and rebellious spirit, she has thrown up all interest in her treatment, and clearly feels no respect for the doctor's well-founded convictions. She is thus bringing out a resistance under the guise of being in love with him; and in addition to this she has no compunction in placing him in a cleft stick. For if he refuses her love, as his duty and his understanding compel him to do, she can play the part of a woman scorned, and then withdraw from his therapeutic efforts out of revenge and resentment, exactly as she is now doing out of her ostensible love.

As a second argument against the genuineness of this love we advance the fact that it exhibits not a single new feature arising from the present situation, but is entirely composed of repetitions and copies of earlier reactions, including infantile ones. We undertake to prove this by a detailed analysis of the patient's behaviour in love.

If the necessary amount of patience is added to these arguments, it is usually possible to overcome the difficult situation and to continue the work with a love which has been moderated or transformed; the work then aims at uncovering the patient's infantile object-choice and the phantasies woven round it.

I should now like, however, to examine these arguments with a critical eye and to raise the question whether, in putting them forward to the patient, we are really telling the truth, or whether we are not resorting in our desperation to concealments and misrepresentations. In other words: can we truly say that the state of being in love which becomes manifest in analytic treatment is not a real one?

I think we have told the patient the truth, but not the whole truth regardless of the consequences. Of our two arguments the first is the stronger. The part played by resistance in transference-love is unquestionable and very considerable. Nevertheless the resistance did not, after all, *create* this love; it finds it ready to hand, makes use of it and aggravates its manifestations. Nor is the genuineness of the phenomenon disproved by the resistance. The second argument is far weaker. It is true that the love consists of new editions of old traits and that it repeats infantile reactions. But this is the essential character of every state of being in love. There is no such state which does not reproduce infantile prototypes. It is precisely from this infantile determination that it receives its compulsive character, verging as it does on the pathological. Transference-love has perhaps a degree less of freedom than the love which appears in ordinary life and is called normal, it displays its dependence on the infantile pattern more clearly and is less adaptable and capable of modification; but that is all, and not what is essential.

By what other signs can the genuineness of a love be recognized? By its efficacy, its serviceability in achieving the aim of love? In this respect transference-love seems to be second to none; one has the impression that one could obtain anything from it.

Let us sum up, therefore. We have no right to dispute that the state of being in love which makes its appearance in the course of analytic treatment has the character of a 'genuine' love. If it seems so lacking in normality, this is sufficiently explained by the fact that being in love in ordinary life, outside analysis, is also more similar to abnormal than to normal mental phenomena. Nevertheless, transference-love is characterized by certain features which ensure it a special position. In the first place, it is provoked by the analytic situation; secondly, it is greatly intensified by the resistance, which dominates the situation; and thirdly, it is lacking to a high

degree in a regard for reality, is less sensible, less concerned about consequences and more blind in its valuation of the loved person than we are prepared to admit in the case of normal love. We should not forget, however, that these departures from the norm constitute precisely what is essential about being in love.

As regards the analyst's line of action, it is the first of these three features of transference-love which is the decisive factor. He has evoked this love by instituting analytic treatment in order to cure the neurosis. For him, it is an unavoidable consequence of a medical situation, like the exposure of a patient's body or the imparting of a vital secret. It is therefore plain to him that he must not derive any personal advantage from it. The patient's willingness makes no difference; it merely throws the whole responsibility on the analyst himself. Indeed, as he must know, the patient had been prepared for no other mechanism of cure. After all the difficulties have been successfully overcome, she will often confess to having had an anticipatory phantasy at the time when she entered the treatment, to the effect that if she behaved well she would be rewarded at the end by the doctor's affection.

For the doctor, ethical motives unite with the technical ones to restrain him from giving the patient his love. The aim he has to keep in view is that this woman, whose capacity for love is impaired by infantile fixations, should gain free command over a function which is of such inestimable importance to her; that she should not, however, dissipate it in the treatment, but keep it ready for the time when, after her treatment, the demands of real Life make themselves felt. He must not stage the scene of a dog-race in which the prize was to be a garland of sausages but which some humorist spoilt by throwing a single sausage on to the track. The result was, of course, that the dogs threw themselves upon it and forgot all about the race and about the garland that was luring them to victory in the far distance. I do not mean to say that it is always easy for the doctor to keep within the limits prescribed by ethics and technique. Those who are still youngish and not yet bound by strong ties may in particular find it a hard task. Sexual love is undoubtedly one of the chief things in life, and the union of mental and bodily satisfaction in the enjoyment of love is one of its culminating peaks. Apart from a few queer fanatics, all the world knows

this and conducts its life accordingly; science alone is too delicate to admit it. Again, when a woman sues for love, to reject and refuse is a distressing part for a man to play; and, in spite of neurosis and resistance, there is an incomparable fascination in a woman of high principles who confesses her passion. It is not a patient's crudely sensual desires which constitute the temptation. These are more likely to repel, and it will call for all the doctor's tolerance if he is to regard them as a natural phenomenon. It is rather, perhaps, a woman's subtler and aim-inhibited wishes which bring with them the danger of making a man forget his technique and his medical task for the sake of a fine experience.

And yet it is quite out of the question for the analyst to give way. However highly he may prize love he must prize even more highly the opportunity for helping his patient over a decisive stage in her life. She has to learn from him to overcome the pleasure principle, to give up a satisfaction which lies to hand but is socially not acceptable, in favour of a more distant one, which is perhaps altogether uncertain, but which is both psychologically and socially unimpeachable. To achieve this overcoming, she has to be led through the primal period of her mental development and on that path she has to acquire the extra piece of mental freedom which distinguishes conscious mental activity—in the systematic sense—from unconscious.[1]

The analytic psychotherapist thus has a threefold battle to wage—in his own mind against the forces which seek to drag him down from the analytic level; outside the analysis, against opponents who dispute the importance he attaches to the sexual instinctual forces and hinder him from making use of them in his scientific technique; and inside the analysis, against his patients, who at first behave like opponents but later on reveal the overvaluation of sexual life which dominates them, and who try to make him captive to their socially untamed passion.

The lay public, about whose attitude to psycho-analysis I spoke at the outset, will doubtless seize upon this discussion of transference-love as another opportunity for directing the attention of the world to the serious danger of this therapeutic method. The psycho-analyst knows that he is working with highly explosive forces and that he needs to proceed with as much caution and conscientiousness as a chemist. But when

[1] [This distinction is explained below, p. 266.]

have chemists ever been forbidden, because of the danger, from handling explosive substances, which are indispensable, on account of their effects? It is remarkable that psycho-analysis has to win for itself afresh all the liberties which have long since been accorded to other medical activities. I am certainly not in favour of giving up the harmless methods of treatment. For many cases they are sufficient, and, when all is said, human society has no more use for the *furor sanandi*[1] than for any other fanaticism. But to believe that the psychoneuroses are to be conquered by operating with harmless little remedies is grossly to under-estimate those disorders both as to their origin and their practical importance. No; in medical practice there will always be room for the '*ferrum*' and the '*ignis*' side by side with the '*medicina*';[2] and in the same way we shall never be able to do without a strictly regular, undiluted psycho-analysis which is not afraid to handle the most dangerous mental impulses and to obtain mastery over them for the benefit of the patient.

[1] ['Passion for curing people.']

[2] [An allusion to a saying attributed to Hippocrates: 'Those diseases which medicines do not cure, iron (the knife?) cures, those which iron cannot cure, fire cures; and those which fire cannot cure are to be reckoned wholly incurable.' *Aphorisms*, VII, 87 (*trans.* 1849).]

APPENDIX

LIST OF WRITINGS BY FREUD DEALING MAINLY WITH PSYCHO-ANALYTIC TECHNIQUE AND THE THEORY OF PSYCHOTHERAPY

[*The date at the beginning of each entry is that of the year during which the work in question was probably written. The date at the end is that of publication; and under that date fuller particulars of the work will be found in the* Bibliography and Author Index.]

1888 *Introduction to the translation of Bernheim's *De la suggestion* (1888–9)

1892 *'A Case of Successful Treatment by Hypnotism' (1892–93*b*)

1895 *Studies on Hysteria*, Part IV (1895*d*)

1898 'Sexuality in the Aetiology of the Neuroses' (last part) (1898*a*)

1899 *The Interpretation of Dreams*, Chapter II (first part) (1900*a*)

1901 'Fragment of an Analysis of a Case of Hysteria', Chapter IV (1905*e*)

1903 'Freud's Psycho-Analytic Procedure' (1904*a*)

1904 'On Psychotherapy' (1905*a*)

1905 *'Psychical (or Mental) Treatment' (1905*b*)

1910 'The Future Prospects of Psycho-Analytic Therapy' (1910*d*)

1910 '"Wild" Psycho-Analysis' (1910*k*)

1911 'The Handling of Dream-Interpretation in Psycho-Analysis' (1911*e*)

1912 'The Dynamics of Transference' (1912*b*)

1912 'Recommendations to Physicians Practising Psycho-Analysis' (1912*e*)

1913 'On Beginning the Treatment' (1913*c*)

1914 'Fausse Reconnaissance ("déjà raconté") in Psycho-Analytic Treatment' (1914*a*)

1914 'Remembering, Repeating and Working-Through' (1914*g*)

1914 'Observations on Transference-Love' (1915*a*)

* These papers are concerned only with hypnotism and suggestion.

1917 *Introductory Lectures on Psycho-Analysis*, Lectures XXVII and XXVIII (1916–17)
1918 'Lines of Advance in Psycho-Analytic Therapy' (1919*a*)
1920 *Beyond the Pleasure Principle*, Chapter II (1920*g*)
1923 'Remarks on the Theory and Practice of Dream-Interpretation' (1923*c*)
1926 *The Question of Lay Analysis*, Chapter V(1926*e*)
1932 *New Introductory Lectures on Psycho-Analysis*, Lecture XXXIV (last part) (1933*a*)
1937 'Analysis Terminable and Interminable' (1937*c*)
1937 'Constructions in Analysis' (1937*d*)
1938 *An Outline of Psycho-Analysis*, Chapter VI (1940*a*)

DREAMS IN FOLKLORE

(FREUD AND OPPENHEIM)

(1957 [1911])

EDITOR'S NOTE

TRÄUME IM FOLKLORE

(*a*) GERMAN EDITION:

(1911 Probable date of composition.)

1958 *Dreams in Folklore*, Part II, New York: International Universities Press. Pp. 69–111.

(*b*) ENGLISH TRANSLATION:

'Dreams in Folklore'

1958 Id., Part I, New York: International Universities Press. Pp. 19–65. (Tr. A. M. O. Richards; Introd. J. Strachey.)

The present translation is a reprint of the one published in New York, with a few very small changes. The paper was originally given the *Standard Edition* reference number of 1957*a*; and it has been thought best to retain this, though the actual publication of the paper was unexpectedly deferred to 1958.

The existence of this paper, written jointly by Freud and Professor D. E. Oppenheim of Vienna, had been in effect overlooked until the summer of 1956, when Mrs. Liffman, Oppenheim's daughter, then living in Australia, brought it to the notice of a New York bookseller. Soon afterwards the manuscript was acquired on behalf of the Sigmund Freud Archives by Dr. Bernard L. Pacella, and it is through his generosity, and with the unfailing help of Dr. K. R. Eissler, the Secretary of the Archives, that we are able to include the work in the *Standard Edition*.

David Ernst Oppenheim, Freud's collaborator in this paper, was born at Brünn, in what is now Czechoslovakia, in 1881. He was a classical scholar and became professor at the Akademisches Gymnasium, a secondary school in Vienna, where he taught Greek and Latin. Dr. Ernest Jones (1955, 16) mentions him among those who attended Freud's University lectures in 1906; but his acquaintance with Freud apparently dates only

from 1909. In the autumn of that year he seems to have sent Freud a copy of a paper dealing with classical mythology in a way which showed a knowledge of psycho-analytic literature, for a letter of Freud's has survived (dated October 28, 1909)[1] thanking him for it in very warm terms and suggesting that he should bring his knowledge of the classics into the service of psycho-analytic studies. The outcome was evidently his association with the Vienna Psycho-Analytical Society, of which (again according to Jones, loc cit.) he became a member in 1910. On April 20 of that year he opened a symposium in the Vienna Society on suicide (particularly among schoolboys), which was published in the form of a brochure 1910; see also Freud, 1910*g*). Oppenheim's contribution will be found there under the signature 'Unus Multorum', but it was reprinted under his own name some years later in a collective work *Heilen und Bilden*, edited by Adler and Furtmuller (1914). The published minutes of the Vienna Society show that he read three 'short communications' during 1910 and 1911, the first of which, on 'Folklore Material bearing upon Dream Symbolism' (November 16, 1910), has an evident relation to the present work. In the spring of 1911 Freud brought out the third edition of *The Interpretation of Dreams* and in this he inserted a footnote mentioning Oppenheim's work in connection with dreams in folklore and stating that a paper on the subject was shortly to appear (*Standard Ed.*, **5**, 621). The footnote was omitted in all later editions. This omission, as well as the disappearance of the present paper, is no doubt accounted for by the fact that soon afterwards Oppenheim became an adherent of Adler's and, along with five other members, resigned from the Vienna Psycho-Analytical Society on October 11, 1911. He died during the second World War in the concentration camp at Theresienstadt, in which both he and his wife were interned. After the war his wife emigrated to Australia, taking with her the manuscript, which she had been able to preserve. In accordance with her wishes, its publication was withheld until after her own death.

It is possible to date Freud's share in this paper within fairly narrow limits. It cannot have been written before the early part of 1911, as is shown by a reference in it to Stekel's

[1] The German text of this letter, together with an English translation, is included in the American edition of the paper.

Die Sprache des Traumes which was published towards the beginning of that year (p. 194 *n.*), and it must have been completed before the final breach with Adler the same summer.

Though the manuscript as we now possess it has had no final revision by its authors, it in fact calls for very little editorial tidying-up, and it gives us a clear means of judging the share taken in it by its two authors. The raw material was evidently collected by Oppenheim. This was largely derived from the periodical *Anthropophyteia* (Leipzig, 1904–1913), edited by F. S. Krauss, in which Freud had always taken a special interest.[1] (Cf. his open letter to its editor, 1910*f*, and his preface to Bourke's *Scatalogic Rites of All Nations*, 1913*k*, p. 335 below, which is particularly relevant to the present paper.) Oppenheim copied out this material, partly in typescript and partly by hand (adding a very few short remarks), and submitted it to Freud, who then arranged it in an appropriate sequence, pasted Oppenheim's sheets on to much larger sheets of his own, and interpolated them with a profuse commentary. Freud must then have returned the whole manuscript to Oppenheim, who seems once more to have added two or three further notes (some of them in shorthand).

In the version printed below, therefore, the contributions made by the two authors are automatically distinguished, if we leave out of account any previous interchange of views. All the raw material, printed here in somewhat smaller type, is to be attributed to Oppenheim; Freud is responsible for everything else—the introduction, the commentaries, the conclusion, and the whole arrangement of the material. The only change made by the editors has been to transfer the references from the body of the text to the footnotes. Oppenheim's very few marginal remarks have also been printed as footnotes, with their authorship specified. Some of these, however, have unfortunately become illegible.

No attempt has been made in the translation to reproduce the various dialects in which many of the original stories are written. A conventional idiom has been adopted, of a kind usually associated with folk tales. The references have been checked wherever possible, and a number of errors in them corrected.

[1] Some of the material is also taken from *Kryptadia*, a similar periodical published in Heilbronn and Paris between 1883 and 1911.

DREAMS IN FOLKLORE

By Sigm. Freud and Prof. Ernst Oppenheim (Vienna)

'Celsi praetereunt austera poemata Ramnes.'
Persius, *Satirae*.[1]

One of us (O.) in his studies of folklore has made two observations with regard to the dreams narrated there which seem to him worth communicating. Firstly, that the symbolism employed in these dreams coincides completely with that accepted by psycho-analysis, and secondly, that a number of these dreams are understood by the common people in the same way as they would be interpreted by psycho-analysis—that is, not as premonitions about a still unrevealed future, but as the fulfilment of wishes, the satisfaction of needs which arise during the state of sleep. Certain peculiarities of these, usually indecent, dreams, which are told as comic anecdotes, have encouraged the second of us (Fr.) to attempt an interpretation of them which has made them seem more serious and more deserving of attention.

I

PENIS-SYMBOLISM IN DREAMS OCCURRING IN FOLKLORE

The dream which we introduce first, although it contains no symbolic representations, sounds almost like ridicule of the prophetic and a plea in favour of the psychological interpretation of dreams.

A Dream-Interpretation[2]

A girl got up from her bed and told her mother that she had had a most strange dream.

[1] [The motto at the head of the work is in Oppenheim's writing. The quotation is actually line 342 of Horace's *Ars Poetica*. The precise sense of the words is disputed by the experts, but its application here may be paraphrased: 'Haughty persons in authority disdain poems that are lacking in charm.']

[2] 'Sudslavische Volksuberlieferungen, die sich auf den Geschlechts-

'Well, what did you dream, then?' asked her mother.

'How shall I tell you? I don't know myself what it was—some sort of long and red and blunted thing.'

'Long means a road,' said her mother reflectively, 'a long road; red means joy, but I don't know what blunted can mean.'

The girl's father, who was getting dressed meanwhile, and was listening to everything that the mother and daughter were saying, muttered at this, more or less to himself: 'It sounds rather like my cock.'[1]

It is very much more convenient to study dream-symbolism in folklore than in actual dreams. Dreams are obliged to conceal things and only surrender their secrets to interpretation; these comic anecdotes, however, which are disguised as dreams, are intended as communications, meant to give pleasure to the person who tells them as well as to the listener, and therefore the interpretation is added quite unashamedly to the symbol. These stories delight in stripping off the veiling symbols.

In the following quatrain the penis appears as a sceptre:

Last night I dreamt
I was King of the land,
And how jolly I was
With a prick in my hand.[2]

Now compare with this the following examples in which the same symbolism is employed outside a dream.

I love a little lass
The prettiest I've seen,
I'll put a sceptre in your hand
And you shall be a queen.[3]

verkehr beziehen [Southern Slav Folk Traditions concerning Sexual Intercourse]', collected and elucidated by F. S. Krauss, *Anthropophyteia*, 7 [1910], 450, No. 820.

[1] [*Addition by* F. S. Krauss:] See *Anthropophyteia*, 1 [1904], 4, No. 5. Cf. further the German Jewish proverb: 'The goose dreams of maize and the betrothed girl of a prick.' [See also *The Interpretation of Dreams*, *Standard Ed.*, 4, 131-2.]

[2] 'Niederösterreichische [Lower Austrian] Schnadahupfeln', collected by Dr. H. Rollett. [The *Schnadahüpfel* is a light-hearted extempore verse in four lines, the second and fourth lines rhyming, sung in Bavarian and Austrian mountain districts.] *Anthropophyteia*, 5 [1908], 151, No. 2.

[3] From the Austrian Alps, *Kryptadia*, 4, 111, No. 160.

'Remember, my boy', said Napoleon,
The Emperor of renown,
'So long as the prick is the sceptre
The cunt will be the crown.'[1]

A different variant of this symbolic exaltation of the genitals is favoured in the imagination of artists. A fine etching by Félicien Rops,[2] bearing the title '*Tout est grand chez les rois*' ['Everything about kings is great'], shows the naked figure of a king with the features of the *Roi Soleil* [Louis XIV], whose gigantic penis, which rises to arm level, itself wears a crown. The right hand balances a sceptre, while the left clasps a large orb, which by reason of a central cleft achieves an unmistakable resemblance to another part of the body which is the object of erotic desires.[3] The index finger of the left hand is inserted into this groove.

In the Silesian folksong that follows, the dream is only invented in order to hide a different occurrence. The penis appears here as a *worm* ('fat earthworm'), which has crawled into the girl, and at the right time crawls out again as a *little worm* (baby).[4]

Song of the Earthworm[5]

Asleep on the grass one day a young lass
Susanna of passion was dreaming;
A soft smile did play round her nose as she lay
While she thought of her swain and his scheming.

[1] From Gaming in Lower Austria, *Anthropophyteia*, **3** [1906], 190, No. 85, 4.

[2] Rops, 1905, Plate 20.

[3] [*Marginal Note by* Oppenheim:] Like the orb in Rops's picture, a Roman relief in the Amphitheatre at Nîmes shows an egg transformed into a symbol of the female sexual organs by means of a similar groove. Here, too, the male counterpart is not absent. It appears as a phallus strangely furbished up as a bird which sits on four eggs of the kind described—one might say brooding them. [The reference added is untraceable.]

[4] ['*Würmchen*' ('little worm') is a common German expression for 'baby'.]

[5] 'Schlesische Volkslieder [Silesian Folksongs]', transcribed by Dr. von Waldheim, *Anthropophyteia*, **7** [1910], 369.

Then a dream full of fear! –it swift did appear
That her lover so handsome and charming
Had become as she slept a fat earthworm which crept
Right inside. What could be more alarming?

Full of dread in her heart she awoke with a start
And swift to the village she hied her
And tearfully told all the folk young and old
That an earthworm had crawled up inside her.

Her wailing and tears came at last to the ears
Of her mother who cursed and swore roundly;
With bodings of gloom she repaired to her room
And examined the maiden most soundly.

For the earthworm she sought, but alas! could find nought—
An unfortunate thing which dismayed her.
So she hurried away without further delay
To ask the wise woman to aid her.

With cunning she laid out the cards for the maid
And said: 'We must wait a while longer.
'I have questioned the Knave, but no answer he gave;
'Perhaps the Red King will prove stronger.

''Tis the news that you fear which the Red King[1] speaks clear:
'The worm really crawled in the girlie;
'But as everything bides its due times and its tides
'To catch it 'tis yet much too early.'

When Susanna had heard the lugubrious word
She went to her chamber full sadly;
Till at last there appeared the dread hour that she feared
And out crept the little worm gladly.

So be warned, every lass, do not dream on the grass,
But let poor Susanna's fate guide you,
Or—as you too may know, to your grief and your woe—
A fat earthworm will creep up inside you.[1]

The same symbolization of the penis by a *worm* is familiar from numerous obscene jokes.

The dream which now follows symbolizes the penis by a

[1] ['*Roter König*' ('Red King') is an Austrian slang term for 'menstruation'.]

[1] [*Footnote by* F. S. Krauss.] Cf. p. 359 and the Southern Slav version in Krauss, 'Die Zeugung in Sitte, Brauch und Glauben der Südslaven [Procreation in the Customs, Usages and Beliefs of the Southern Slavs]', *Kryptadia*, 6, 259–269 and 375 f.

dagger: the woman who dreams it is pulling at a dagger in order to stab herself, when she is awakened by her husband and exhorted not to tear his member off.

A Bad Dream[1]

A woman dreamt that things had got to such a pitch that they had nothing to eat before the holiday and could not buy anything either. Her husband had drunk up all the money. There was only a lottery ticket left and even this they really ought to pawn. But the man was still keeping it back, for the draw was to be on the second of January. He said: 'Wife, now tomorrow is the draw, let the ticket wait a while longer. If we don't win, then we must sell the ticket or pawn it.' 'Well, the devil take it, all you've bought is worry, and you've got about as much out of it as there is milk in a billy-goat.' So the next day arrived. See, along came the newspaper man. He stopped him, took a copy and began to look down the list. He ran his eyes over the figures, he looked through every column, his number was not among them. He did not trust his eyes, looked through once again and this time sure enough he came upon the number of his ticket. The number was the same, but the number of the series did not fit. Once again he did not trust himself and thought to himself: 'This must be a mistake. Wait a bit, I will go to the bank and make certain one way or the other.' So he went there with his head hanging. On the way he met a second newspaper man. He bought another copy of a second paper, scanned the list and found the number of his ticket straight away. The number of the series, too, was the same as the one which included his ticket. The prize of 5,000 roubles fell to his lot. He burst into the bank, rushed up and asked them to pay out on the winning ticket at once. The banker said that they could not pay out yet, only in a week or two. He began to beg and pray: 'Please be kind, give me one thousand at least, I can get the rest later!' The banker refused, but advised him to apply to the private individual who had procured the winning lottery ticket for him. What was to be done now? Just then a little Jew appeared as though he had sprung up from the ground. He smelt a bargain and made him an offer to pay over the money at once, though instead of 5,000 only 4,000. The fifth thousand would be his own share. The man was delighted at this good fortune and decided to give the Jew the thousand, just so that he could get the money on the spot. He took the money from the Jew and handed over the ticket to him. Then he went home. On the way he went into an inn, swallowed a quick glass and from there went straight home. He walked along grinning and humming a little song. His wife saw him through the window and thought: 'Now he's certainly sold the lottery ticket; you can see he's cheerful,

[1] [Tarasevsky (1909, 289, No. 265).]

he's probably paid a visit to the inn and got himself drunk because he was feeling miserable.' Then he came indoors, put the money on the kitchen table and went to his wife to bring her the good news that he had won and had got the money. While they were hugging and kissing one another to their heart's content because they were so happy, their little three-year-old daughter grabbed the money and threw it into the stove. Then they came along to count the money and it was no longer there. The last bundle of notes was already on fire. In a rage the man seized hold of the little girl by the legs and dashed her against the stove. She dropped dead. Disaster stared him in the face, there was no escaping Sibena now. He seized his revolver and bang, he shot himself in the chest and dropped dead. Horrified by such a disaster, the woman snatched up a dagger and was going to stab herself. She tried to pull it out of the sheath but could not manage it however she tried. Then she heard a voice as though from Heaven: 'Enough, let go! What are you doing?' She woke up and saw that she was not pulling at a dagger but at her husband's tool, and he was saying: 'Enough, let go or you'll tear it off!'

The representation of the penis as a weapon, cutting knife,[1] dagger, etc., is familiar to us from the anxiety dreams of abstinent women in particular and also lies at the root of numerous phobias in neurotic people. The complicated disguise of this present dream, however, demands that we should make an attempt to clarify our understanding of it by a psychoanalytic interpretation based on interpretations already carried out. In doing so we are not overlooking the fact that we shall be going beyond the material presented in the folk tale itself and that consequently our conclusions will lose in certainty.

Since this dream ends in an act of sexual aggression carried out by the woman as a dream-action,[2] this suggests that we should take the state of *material* need in the content of the dream as a substitute for a state of *sexual* need. Only the most extreme libidinal compulsion can at all justify such aggressiveness on

[1] [*Footnote by* Oppenheim.] A knife is habitually carried by a burglar ['*Einbrecher*', literally, 'someone who breaks in']. The kind of breaking-in intended is shown by a proverbial phrase from Solingen [in the industrial Rhineland], reported in *Anthropophyteia*, **5** [1908], 182 [No. 11]: 'After marriage comes a burglary [breaking-in].' Cf. the Berlin slang term '*Brecheisen*' ['jemmy', literally, 'breaking-iron'] for 'a powerful penis' (*Anthropophyteia*, **7** [1910], 33).

[2] ['*Traumhandlung*.' This term is used in the present paper to describe an action which is carried out by someone in a dream but is at the same time a real action. The concept appears not to be discussed in *The Interpretation of Dreams*.]

the part of a woman. Other pieces of the dream-content point in a quite definite and different direction. The blame for this state of need is ascribed to the man. (He had drunk up all the money.)[1] The dream goes on to get rid of the man and the child and skilfully evades the sense of guilt attached to these wishes by causing the child to be killed by the man who then commits suicide out of remorse. Since this is the content of the dream we are led to conclude from many analogous instances that here is a woman who is not satisfied by her husband and who in her phantasies is longing for another marriage. It is all one for the interpretation whether we like to regard this dissatisfaction of the dreamer's as a permanent state of want or merely as the expression of a temporary one. The lottery, which in the dream brought about a short-lived state of happiness, could perhaps be understood as a symbolic reference to marriage. This symbol has not yet been identified with certainty in psycho-analytic work, but people are in the habit of saying that marriage is a game of chance, that in marriage one either draws the winning lot or a blank.[2] The numbers, which have been enormously magnified[3] by the dream-work, could well correspond in that case to the number of repetitions of the satisfying act that are wished for. We are thus made aware that the act of pulling the man's member not only has the meaning of libidinal provocation but also the additional meaning of contemptuous criticism, as though the woman wanted to pull the member off—as the man correctly assumed because it was no good, did not fulfil its obligations.

We should not have lingered over the interpretation of this dream and exploited it beyond its overt symbolism were it not that other dreams which likewise end in a dream-action demonstrate that the common people have recognized here a typical situation which, wherever it occurs, is susceptible to the same explanation. (Cf. below, p. 198.)

[1] [*Margina. Note by* Oppenheim:] Cf further below our remarks on 'marriage portion' as a term for 'penis' and 'purse' for 'testes' and also comparisons between virility and wealth and between the thirst for gold and libido. [It is not clear to what remarks this reference is intended to apply.]

[2] Another dream about a lottery in this little collection confirms this suggestion. [See p. 202 below.]

[3] Psycho-analytic experience shows that noughts appended to numbers in dreams can be ignored in interpretation.

II

FAECES-SYMBOLISM AND RELATED DREAM-ACTIONS

Psycho-analysis has taught us that in the very earliest period of childhood faeces is a highly prized substance, in relation to which coprophilic instincts find satisfaction. With the repression of these instincts, which is accelerated as much as possible by up-bringing, this substance falls into contempt and then serves conscious purposes as a means of expressing disdain and scorn. Certain forms of mental activity such as joking are still able to make the obstructed source of pleasure accessible for a brief moment, and thus show how much of the esteem in which human beings once held their faeces still remains preserved in the unconscious. The most important residue of this former esteem is, however, that all the interest which the child has had in faeces is transferred in the adult on to another material which he learns in life to set above almost everything else—gold.[1] How old this connection between excrement and gold is can be seen from an observation by Jeremias:[2] gold, according to ancient oriental mythology, is the excrement of hell.[3]

In dreams in folklore gold is seen in the most unambiguous way to be a symbol of faeces. If the sleeper feels a need to defaecate, he dreams of gold, of treasure. The disguise in the dream, which is designed to mislead him into satisfying his need in bed, usually makes the pile of faeces serve as a sign to mark the place where the treasure is to be found; that is to say, the dream—as though by means of endopsychic perception—states outright, even if in a reversed form, that gold is a sign or a symbol for faeces.

A simple treasure- or defaecation-dream of this kind is the following one, related in the *Facetiae* of Poggio.

Dream-Gold[4]

A certain man related in company that he had dreamt he had

[1] Cf. 'Character and Anal Erotism' (1908*b*).

[2] Jeremias (1904, 115 *n.*).

[3] [*Marginal Note by* Oppenheim:] Similarly in Mexico

[4] Poggio [Bracciolini] (1905, No. 130). [As will be seen, the anecdote has been slightly abbreviated by Oppenheim.]

found gold. Thereupon another man capped it with this story. (What follows is quoted verbatim.)

'My neighbour once dreamt that the Devil had led him to a field to dig for gold; but he found none. Then the Devil said: "It is there for sure, only you cannot dig it up now; but take note of the place so that you may recognize it again by yourself."

'When the man asked that the place should be made recognizable by some sign, the Devil suggested: "Just shit on it, then it will not occur to anybody that there is gold lying hidden here and you will be able to recognize the exact place." The man did so and then immediately awoke and felt that he had done a great heap in his bed.'

(We give the conclusion in summary.) As he was fleeing from the house, he put on a cap in which a cat had done its business during the same night. He had to wash his head and his hair. 'Thus his dream-gold was turned to filth.'

Tarasevsky (1909, 194, No. 232) reports a similar dream from the Ukraine in which a peasant receives some treasure from the Devil, to whom he has lit a candle, and puts a pile of faeces to mark the place.[1]

We need not be surprised if the Devil appears in these two dreams as a bestower of treasure and a seducer, for the Devil—himself an angel expelled from Paradise—is certainly nothing else than the personification of the repressed unconscious instinctual life.[2]

The motives behind these simple comic anecdotes about dreams appear to be exhausted in a cynical delight in dirt and a malicious satisfaction over the dreamer's embarrassment. But in other dreams about treasure the form taken by the dream is confused in all sorts of ways and includes various constituents the origin and significance of which we may well investigate. For we shall not regard even these dream-contents, which are intended to provide a rationalistic justification for obtaining the satisfaction, as entirely arbitrary and meaningless.

In the two next examples, the dream is not ascribed to a person sleeping alone but to one of two sleepers—two men—who share a bed. As a result of the dream, the dreamer dirties his bedfellow.

[1] [*Addition by* Oppenheim:] Attention is there drawn to parallels in *Anthropophyteia*, 4 [1907], 342–345, Nos. 580–581.

[2] 'Character and Anal Erotism' (1908*b*).

A Lively Dream[1]

Two travelling journeymen arrived weary at an inn and asked for a night's lodging 'Yes,' said the host, 'if you are not afraid, you can have a bedroom, but it's a haunted one. If you want to stay, that's all right, and the night will cost you nothing as far as sleeping goes.' The lads asked one another: 'Are you frightened?' 'No.' Very well, so they seized another litre of wine and went to the room assigned to them.

They had hardly been lying down any time when the door opened and a white figure glided through the room. One fellow said to the other. 'Didn't you see something?' 'Yes ' 'Well, why didn't you say anything?' 'Just wait, it's going to come through the room again.' Sure enough, the figure glided in again. One of the lads jumped up swiftly, but swifter still the ghost glided out through the crack in the door The lad, by no means slow, pulled open the door and saw the figure, a beautiful woman, already half way down the stairs 'What are you doing there?' the lad shouted out. The figure stood still, turned round and spoke: 'Now I am released. I have long had to wander As a reward take the treasure which lies just at the spot where you are standing.' The lad was as much frightened as delighted, and in order to mark the place he lifted up his shirt and planted a fine pile, for he thought that no one would wipe out that mark. But just as he was at his happiest, he felt someone suddenly seize hold of him 'You dirty swine,' someone bellowed in his ear, 'you're shitting on my shirt.' At these coarse words the happy dreamer awoke from his fairy-tale good fortune to find himself roughly hurled out of bed.

He Shat on the Grave[2]

Two gentlemen arrived at a hotel, ate their evening meal and drank and at last wanted to go to bed. They asked the host if he would show them to a room. As the rooms were all occupied the host gave up his own bed to them, which they were both to sleep in, and he would soon find a place for himself to sleep somewhere else. The two men lay down in the same bed. A spirit appeared to one of them in a dream, lit a candle and led him to the churchyard. The lychgate opened and the spirit with the candle in its hand and the man behind walked up to the grave of a maiden. When they had reached the grave, the candle suddenly went out. 'What shall I do

[1] F. Wernert, 'Deutsche Bauernerzählungen gesammelt im Ober- und Unterelsass [German Peasant-Tales, Collected in Upper and Lower Alsace]', *Anthropophyteia*, **3** [1906], 72, No. 15.

[2] [F. S. Krauss, 'Südslavische Volksüberlieferungen, die sich auf den Geschlechtsverkehr beziehen (Southern Slav Folk Traditions concerning Sexual Intercourse)', *Anthropophyteia*, **5** (1908), 346, No. 737.]

now? How shall I tell which is the maiden's grave to-morrow, when it is day?' he asked in the dream. Then an idea came to his rescue, he pulled down his drawers and shat on the grave. When he had finished shitting, his comrade, who was sleeping beside him, struck him first on one cheek and then on the other: 'What! You'd shit right in my face?'

In these two dreams, in place of the Devil other supernatural figures appear, namely ghosts—that is, spirits of dead people. The spirit in the second dream actually leads the dreamer to the churchyard, where he is to mark a particular grave by defaecating on it. A part of this situation is very easy to understand. The sleeper knows that the bed is not the proper place for satisfying his need; hence in the dream he causes himself to be led away from it and procures a person who shows his hidden urge the right way to another place where he is permitted to satisfy his need, indeed is required by the circumstances to do so. The spirit in the second dream actually makes use of a candle when leading him, as a servant would do if he was conducting a stranger to the W.C. at night when it was dark. But why are these representatives of the demand for a change of scene, which the lazy sleeper wants to avoid at all costs, such uncanny individuals as ghosts and spirits of dead people? Why does the spirit in the second dream lead the way to a churchyard as if to desecrate a grave? After all, these elements seem to have nothing to do with the urge to defaecate and the symbolization of faeces by gold. There is an indication in them of an anxiety which could perhaps be traced back to an effort to suppress the achievement of satisfaction in bed; but that anxiety would not explain the specific nature of the dream-content—its reference to death. We will refrain from making an interpretation at this point and will stress further, as being in need of explanation, the fact that in both these situations, where two men are sleeping together, the uncanny element of the ghostly guide is associated with a woman. The spirit in the first dream is early on revealed as a beautiful woman who feels she is now released, and the spirit in the second dream leads the way to the grave of a girl, on which the distinguishing mark is to be placed.

Let us turn for further enlightenment to some other defaecation-dreams of this kind, in which the bedfellows are no longer

two men but a man and a woman, a married couple. The satisfying action accomplished in sleep as a result of the dream seems here particularly repellent, but perhaps for that very reason conceals a special meaning.

First, however, we will introduce a dream (on account of its connection in content with those that follow) which does not strictly speaking fit in with the plan we have just put forward. It is incomplete, inasmuch as the element of the dreamer's dirtying his bedfellow, his wife, is absent. On the other hand, the connection between the urge to defaecate and the fear of death is extremely plain. The peasant, who is described as married, dreams that he is struck by lightning and that his soul flies up to Heaven. Up there he begs to be allowed to return once more to the earth in order to see his wife and children, obtains permission to transform himself into a spider and to let himself down on the thread spun by himself. The thread is too short and the effort to express still more thread out of his body results in defaecation.

Dream and Reality[1]

A peasant lay in bed and had a dream. He saw himself in the field with his oxen, ploughing. Then suddenly down came a flash of lightning and struck him dead. Then he felt quite clearly his soul floating upwards until at last it reached Heaven. Peter stood by the entrance gates and was going to send the peasant in without more ado. But he begged to be allowed down to earth once more, so that he could at least take leave of his wife and his children. But Peter said that would not do, and once a man was in Heaven he was not allowed to return to the world. At this the peasant wept and begged pitifully, until at last Peter gave way. Now there was only one possible way for the peasant to see his family again and that was for Peter to change him into an animal and send him down. So the peasant was turned into a spider and span a long thread on which he let himself down. When he had arrived just over his homestead, at about the level of the chimneys, and could already see his children playing in the meadow, he noticed to his horror that he could not spin any further. Naturally his fear was great, for of course he wanted to get right down to the earth. So he squeezed and he squeezed to make the thread longer. He squeezed with all his might

[1] Dr. von Waldheim, 'Skatologische Erzählungen aus Preussisch-Schlesien [Scatologic Tales from Prussian Silesia]', *Anthropophyteia*, 6 [1909], 431, No. 9.

and main—there was a loud noise—and the peasant awoke. Something very human had happened to him while he slept.

Here we encounter spun thread as a new symbol for evacuated faeces, although psycho-analysis furnishes us with no counterpart to this symbolization but on the contrary attributes another symbolic meaning to thread. This contradiction will be settled later on. [P. 194.]

The next dream, richly elaborated and pungently told, might be described as a 'sociable' one; it ends with the wife's being dirtied. Its points of agreement with the previous dream are, however, quite striking. The peasant is, it is true, not dead, but he finds himself in Heaven, wants to return to the earth and experiences the same difficulty over 'spinning' a sufficiently long thread to let himself down on. However, he does not make this thread for himself as a spider out of his own body, but in a less fantastic way out of everything that he can fasten together, and as the thread is still not long enough to reach, the little angels actually advise him to shit and to lengthen the rope with the turds.

The Peasant's Assumption to Heaven[1]

A peasant had the following dream. He had heard that wheat in Heaven was standing at a high price. So he thought he would like to take his wheat there. He loaded his cart, harnessed the horse and set out. He journeyed a long way till he saw the road to Heaven and followed it. Thus he came to the gates of Heaven, and look! they stood open. He charged straight forward so as to drive right inside, but he had scarcely headed the cart towards them when crash! the gates banged shut. Then he began to beg: 'Let me in, please be kind!' But the angels did not let him in and said he had come late. Then he saw that there was no business to be done here, there was just nothing for him, and so he turned round. But look! the road he had travelled on had vanished. What was he to do? He addressed himself to the angels again. 'Little dears, please be kind and take me back to the earth, if it's possible! give me a road so that I can get home with my horse and cart.' But the angels said: 'No, child of man, your horse and cart stay here and you can go down how you please.' 'But how shall I let myself down then, I haven't any rope?' 'Just look for something to let yourself down with.' So he took the reins, the bridle and the bit, fastened them all together and began to let himself down. He crawled and he crawled and he looked down: it was still a long way to the earth. He crawled back again and lengthened the rope he had joined together

[1] Tarasevsky (1909, 196 [No. 233]).

by adding the girth and the traces. Then he began to climb down again and it still did not reach the earth So he fastened on the shafts and the body of the cart It was still too short. What was he to do next? He racked his brains and then he thought 'Ah, I'll lengthen it with my coat and my breeches and my shirt and then with my belt' And that is what he did, joined everything together and climbed on. When he had reached the end of the belt it was still a long way to the earth Then he did not know what to do, he had nothing more to fasten on and it was dangerous to jump down he might break his neck He begged the angels again Be kind, take me down to the earth" The angels said. 'Shit, and the muck will make a rope.' So he shat and he shat almost half an hour until he had nothing left to shit with It made a long rope and he climbed down it He climbed and he climbed and reached the end of the rope, but it was still a long way to the earth Then he began once more to beg the angels to take him down to the earth But the angels said 'Now, child of man, piss and it will make a silken thread' The peasant pissed and he pissed, on and on, till he could do no more. He saw that it really had turned into a silken thread and he climbed on He climbed and he climbed and he reached the end of it, and look, it did not reach to the earth, it still needed one and a half or two fathoms He begged the angels again to take him down. But the angels said: 'No, brother, there is no help for you now; just jump down" The peasant dangled undecided, he could not find the courage to jump down But then he saw that there was no other way out left to him, and bump! instead of jumping down from Heaven he came flying down from the stove and only came to his senses in the middle of the room. Then he woke up and shouted: 'Wife, wife, where are you?" His wife woke up, she heard the din and said 'The Devil take you, have you gone mad?" She felt round about her and saw the mess her husband had shat and pissed all over her. She began to rate and to scold him roundly The peasant said: 'What are you screaming about? There's vexation enough anyway. The horse is lost stayed behind in Heaven, and I was almost done for God be thanked that I am alive at least' 'What rubbish you're talking You've had much too much to drink The horse is in the stable and you were on the stove, and farted me all over and then jumped down' Then the man collected himself Only then did it dawn on him that he had merely dreamt it all and then he told his wife the dream, how he had journeyed up to Heaven and how from there he came down to the earth again

At this point, however, psycho-analysis forces on our attention an interpretation which changes our whole view of this class of dreams. Extensible objects, so the experience of interpreting dreams tells us, are ordinarily symbols of erection [1] In

[1] [*Marginal Note by* Oppenheim] In a story which comes from Picardy, pushing a ring down on a finger serves as a symbolic way of

both these anecdotes of dreams the emphasis lies on the element of the thread's refusing to get long enough, and the anxiety in the dream is also attached to this same element. Thread, moreover, like all things analogous to it (cord, rope, twine, etc.), is a symbol of semen [1] The peasant, then, is striving to produce an erection and only when this is unsuccessful does he resort to defaecation. All at once a sexual need comes to view in these dreams behind the excremental one.

This sexual need is, however, much better adapted to explain the remaining constituents of the dream's content. We are bound to admit, if we are ready to assume that these fictitious dreams are essentially correctly constructed, that the dream-action with which they end must have a meaning and must be one intended by the latent thoughts of the dreamer. If the dreamer defaecates over his wife at the end of it, then the whole dream must have this as its aim and provide the reason for this outcome. It can signify nothing else but an insult to the wife, or, strictly speaking, a rejection of her. It is then easy to establish a connection between this and the deeper significance of the anxiety expressed in the dream.

The situation from which this last dream grows can be construed according to these suggestions as follows. The sleeper is overcome by a strong erotic need which is indicated in fairly clear symbols at the beginning of the dream. (He had heard that wheat—probably equivalent to semen—was standing at a high price. He charged forward in order to drive with his horse and cart—genital symbols—through the open gates of Heaven.) But this libidinal impulse probably applies to an unattainable object. The gates close, he gives up his intention and wants to return to the earth. But his wife, who lies by him, does not attract him; he exerts himself in vain to get an erection for her. The wish to discard her in order to replace her by another and better woman is in the infantile sense a death-wish. When someone cherishes such wishes in his unconscious against a person who is nevertheless really loved, they are transformed for him into fear of death, fear for his own life. Hence the pre-

depicting an erection. The lower the ring goes, the longer the penis becomes—the analogy naturally has a magical force. *Kryptadia*, **1**, No. 32.) [That is, it is an instance of what Frazer calls 'imitative magic'.]

[1] Cf. Stekel, 1911*a*. [See also above, pp. 21–2.]

sence in these dreams of the state of being dead, the assumption to Heaven, the hypocritical longing to see wife and children again. But the disappointed sexual libido finds release along the path of regression in the excremental wishful impulse, which abuses and soils the unserviceable sexual object.

If this particular dream makes an interpretation of this kind plausible, then, in view of the peculiarities of the material which the dream contains, we can only succeed in proving the interpretation by applying the same one to a whole succession of dreams with an allied content. With this aim in view, let us turn back to the dreams mentioned earlier, where we find the situation of a sleeper who has a man as his bedfellow. The connection in which the woman appears in these dreams now acquires an added significance in retrospect. The sleeper, overcome by a libidinal impulse rejects the man, he wishes him far away and a woman in his place A death-wish directed against the dreamer's unwanted male bedfellow is naturally not so severely punished by the moral censorship as one directed against his wife, but the reaction is sufficiently far-reaching to turn the wish against himself or against the female object he desires. The dreamer himself is carried off by death; not the man, but the woman the dreamer longs for, is dead. In the end, however, the rejection of the male sexual object finds an outlet in defiling him, and this is felt and avenged by the other as an affront.

Our interpretation thus fits this group of dreams. If we now turn back to the dreams accompanied by defilement of the woman, we shall be prepared to find that elements missing or only hinted at in the dream we have taken as the type are expressed unmistakably in other similar dreams.

In the following defaecation-dream the dirtying of the woman is not emphasized, but we are told quite clearly, as far as can be in the realm of symbolism, that the libidinal impulse is directed towards another woman The dreamer does not want to dirty his own field but intends to defaecate on his neighbour's land.

Mutton-Head![1]

A peasant dreamt that he was at work in his clover field. He was

[1] F. Wernert, 'Deutsche Bauernerzählungen gesammelt im Ober- und Unterelsass [German Peasant Tales, Collected in Upper and Lower Alsace]', *Anthropophyteia*, 4 [1907], 438, No 173

overtaken by an urgent need and, since he did not want to foul his own clover, he hurried off to the tree standing in his neighbour's field, pulled down his breeches and slapped down a pat of number two on to the ground. At last, when he had happily come to an end, he wanted to clean himself and began to tear up grass with a will. But what was that? Our little peasant woke up from his sleep with a jerk, and clutched at his painfully smarting cheek which someone had just slapped. 'You deaf old mutton-head,' the peasant, coming to himself, heard his wife in bed beside him scolding. 'So you'd go on pulling the hair right off my body would you!'

Tearing out hair (grass), which here takes the place of defiling,[1] is found mentioned alongside it in the next dream. Psycho-analytic experience shows that it originates from the group of symbols concerning masturbation (*ausreissen*, *abreissen* [to pull out, to pull off]).[2]

The dreamer's death-wish directed against his wife would seem to be what most requires confirming in our interpretation. But in the dream which follows next, the dreamer actually buries his wife (hypocritically designated as a treasure) by digging the vessel which contains the gold into the earth and, as is familiar to us in dreams about treasure, planting a heap of faeces on the top to mark the place. During the digging he is working his hands in his wife's vagina.[3]

The Dream of the Treasure[4]

Once upon a time a peasant had a terrible dream. It seemed to him just like it was war-time and the whole district was being plundered by the enemy soldiers. But he had a treasure that he was so scared about that he didn't rightly know what to do with it and where he should really hide it. At last he thought he would bury it in his garden, where he knew of a proper fine place. Now he dreams on further how he goes right out and comes to the place where he wants to dig up the earth so he can put the big pot in the hole. But when he looks for a tool to dig with he finds nix roundabout, and at last he has to take his hands to it. So he makes the hole with his bare hands, puts the crock with the money into it

[1] [At this point there is a question mark by Oppenheim in the margin of the manuscript.]

[2] [Cf. a footnote in *The Interpretation of Dreams*, *Standard Ed.*, 5, 348, n. 2. These are German slang terms for 'to masturbate'. Compare the English equivalent 'to toss oneself off'.]

[3] [*Marginal Note by* Oppenheim:] Significance?

[4] A. Ried., 'Schwänke und Schnurren niederösterreichischer Landleute [Comic and Curious Anecdotes from Lower-Austrian Country People]', *Anthropophyteia*, **5** [1908], 140, No. 19.

and covers the whole lot over again with earth Now he wants to go, but he stops a while standing there and thinks to himself, 'But when the soldiers have gone away again, how'll I find my treasure then if I don't put a sign there?' And straight away he begins to hunt about; he hunts up and down and to and fro, wherever he can. No, in the end he finds nix nowhere that would show him again straight away where he has buried his money But just then he feels a need. 'Ah,' he says to himself, 'now that'll be fine, I can shit on it.' So of course he pulls his breeches down right away and does a fine heap on the place where he has put the crock in. Then he sees nearby a bit of grass and is going to pull it out, so he can wipe himself with it. But that moment he gets such a fine clout that for a second he is quite silly and looks round all dazed. And straight after he hears his wife, who is quite beside herself with rage, yelling at him: 'You cheeky bastard, you good-for-nothing! D'you think I've got to put up with everything from you? First you mess about with both hands in my cunt, then you shit on it and now you even want to pull all the hair off it!'

With this example of a dream we have returned to the treasure-dreams from which we started out, and we observe that those defaecation-dreams which are concerned with treasure contain little or no fear of death, whereas the others, in which the relation to death is expressed directly (dreams of an assumption to Heaven), disregard treasure and motivate the defaecation in other ways. It is almost as though the hypocritical transformation of the wife into a treasure had obviated punishment for the death-wish.[1]

A death-wish directed against the woman is most clearly admitted to in another dream of an assumption to Heaven, which, however, ends not in defaecating on the woman's body but in sexual activity involving her genitals, as already happened in the previous dream. The dreamer actually shortens his wife's life in order to lengthen his own, by putting oil from her lamp of life into his own. As a kind of compensation for this undisguised hostility there appears at the end of the dream something like an attempt at a caress.

The Light of Life[2]

Saint Peter appeared to a man when he was fast asleep and led

[1] [*Marginal Note by* Oppenheim] What about the treasure in the dreams of one of two male bedfellows [p. 189]?

[2] Narrated by a Secondary School teacher in Belgrade, based on a version told by a peasant woman from the region of Kragujevac. *Anthropophyteia*, 4 [1907], 255, No. 10.

him away to Paradise. The man agreed to go with all his heart and went with Saint Peter. They wandered about in Paradise for a long time and came to a copse, which was large and spacious but kept in beautiful order, and where hanging lamps were burning on every tree. The man asked Saint Peter what this could mean. Saint Peter answered that they were hanging lamps which only burned as long as a man lived. But as soon as the oil vanished and the lamp went out, the man had to die at once too. This interested the man very much and he asked Saint Peter if he would lead him to his own hanging lamp. Saint Peter granted his request and led him to his wife's lamp, and just by it was the man's own lamp. The man saw that his wife's lamp still had a lot of oil in it, but there was very little in his own and this made him very sorry because he would have to die soon, and he asked Saint Peter if he would pour a little more oil into his lamp. Saint Peter said that God put the oil in at the moment when a man was born and determined for each the length of his life. This made the man very downcast and he wept and wailed beside his lamp. Saint Peter said to him, 'You stay there, but I must go on—I have more to do.' The man rejoiced at this and hardly was Saint Peter out of sight when he began to dip his finger in his wife's hanging lamp and to drip the oil into his own. He did this several times and when Saint Peter approached he started up terrified, and awoke from his dream, and saw that he had been dipping his finger in his wife's cunt and then dribbling it into his mouth and licking his finger.

Note. According to a version told by a journeyman in Sarajevo, the man awoke after getting a box on the ears from his wife, whom he had awakened by fumbling around in her pudenda. Here Saint Peter is missing and instead of hanging lamps there are glasses with oil burning in them. According to a third version, which I heard from a student in Mostar, a venerable greybeard shows the man various burning candles. His own is very thin, his wife's enormously thick. In order to lengthen his life, the man then begins with burning zeal to lick the thick candle. But then he gets a tremendous clout. 'I knew that you were an ox, but I honestly didn't know that you were a swine as well,' his wife said to him, for he was licking her cunt in his sleep.

The story is extraordinarily widespread in Europe.[1]

This is the moment to recall the 'bad dream' of the woman who ended by pulling at her husband's organ as if she wanted to tear it out [pp. 184–6]. The interpretation which we found reason to make in that instance agrees completely with the interpretation of the defaecation-dreams dreamt by men which is expounded here. In the dream of the unsatisfied wife, she, as

[1] [*Marginal Note by* Oppenheim.] Cf. a very similar story from the Ukraine, *Kryptadia*, 5, 15.

well, shamelessly gets rid of her husband (and the child) as obstacles in the way of satisfaction.

Another defaecation-dream, about whose interpretation we cannot perhaps be completely certain, suggests, however, that we should concede that there are certain differences in the purpose of these dreams, and throws new light on dreams like the ones we have just mentioned and on some that are still to follow, in which the dream-action consists in a manipulation of the woman's genitals.

'From Fright'[1]

The Pasha passed the night with the Bey. When the next day came, the Bey[2] lay on in bed and did not want to get up. The Bey asked the Pasha: 'What did you dream?' 'I dreamt that on the minaret there was another minaret.' 'Could that really be?' wondered the Bey. 'And what else did you dream?' 'I dreamt,' he said, 'that on the minaret there stood a copper jug, and there was water in the jug. The wind blew and the copper jug rocked. Now what would you have done if you had dreamt that?' 'I should have pissed myself and shat myself as well, from fright.' 'And, you see, I only pissed myself.'

This dream calls for a symbolic interpretation, because its manifest content is quite incomprehensible whereas the symbols are unmistakably clear. Why should the dreamer really feel frightened at the sight of a water-jug rocking on the tip of a minaret? But a minaret is excellently suited to be a symbol for the penis, and the rhythmically moving water-vessel seems a good symbol of the female genitals in the act of copulation. The Pasha, then, has had a copulation-dream, and if his host suggests defaecation in connection with it this makes it likely that the interpretation is to be sought in the circumstance that both of them are old and impotent men, in whom old age has occasioned the same proverbial replacement of sexual by excremental pleasure which, as we have seen, came about in the other dreams owing to the lack of an appropriate sexual object. For a man who can no longer copulate, so say the common

[1] F. S. Krauss, 'Sudslavische Volksuberlieferungen, die sich auf den Geschlechtsverkehr beziehen [Southern Slav Folk Traditions concerning Sexual Intercourse]', *Anthropophyteia*, 5 [1908], 293, No. 697.

[2] [This should probably read 'the Pasha', though it appears as 'the Bey' in both the German and the Slav versions in *Anthropophyteia*.]

people with their crude love of truth, there still remains the pleasure of shitting, we can say of such a man there is a recurrence of anal erotism, which was there before genital erotism and was repressed and replaced by this later impulse. Defaecation-dreams can thus also be impotence-dreams.

The difference between the interpretations is not so pronounced as might appear at first sight. The defaecation-dreams too, in which the victim is a woman, deal with impotence—relative impotence, at least, towards the particular person who no longer has any attraction for the dreamer. A defaecation-dream thus becomes the dream of a man who can no longer satisfy a woman, as well as of a man whom a woman no longer satisfies.

The same interpretation (as an impotence-dream) can also be applied to a dream in the *Facetiae* of Poggio, which manifestly, it is true, poses as the dream of a jealous man that is, in fact, of a man who does not think he can satisfy his wife.

The Ring of Fidelity[1]

Franciscus Philelphus was jealous of his wife and became tormented by the greatest fear that she had to do with another man, and day and night he lay on the watch. Since what occupies us in waking is wont to return to us in dreams, there appeared to him during his sleep a demon, who said to him that if he would act according to his bidding his wife would always remain faithful to him. Franciscus said to him in the dream that he would be very indebted to him and promised him a reward.

'Take this ring,' replied the demon, 'and wear it on your finger with care. As long as you wear it, your wife cannot lie with any other man without your knowledge.'

As he awoke, excited with joy, he felt that he was pushing his finger into the vulva of his wife.

The jealous have no better expedient; in this way their wives can never let themselves be taken by another man without the knowledge of their husbands.

This anecdote of Poggio is considered to be the source of[2] a tale by Rabelais, which, in other respects very similar, is clearer inasmuch as it actually describes the husband bringing home a

[1] Poggio [Bracciolini] (1905, No. 133).

[2] [The manuscript reads 'to be derived from' But this must be a slip, since Poggio's *Facetiae* were in print by about 1470, some twenty-five years before Rabelais was born.]

young wife in his old age, who then gives him grounds for jealous fears.[1]

Hans Carvel was a learned, experienced, industrious man, a man of honour, of good understanding and judgement, benevolent, charitable to the poor and a cheerful philosopher. Withal a good companion, who was fond of a jest, somewhat corpulent and unsteady, but otherwise well set up in every way. In his old age he married the daughter of Concordat the bailiff, a young, comely, good, gay, lively and pleasing woman, merely perchance a little too friendly towards the gentlemen neighbours and menservants. So it befell that in the course of some weeks he became as jealous as a tiger and was suspicious that she might be getting her buttocks drummed upon elsewhere. To guard against this, he related to her a whole stock of pleasing histories of the punishments for adultery, often read aloud to her lovely legends of virtuous women, preached her the gospel of chastity, wrote her a small volume of songs of praise to matrimonial fidelity, inveighed in sharp and caustic words against the wantonness of undisciplined wives and in addition to all bestowed on her a magnificent necklace set round with oriental sapphires.

But regardless of this, he saw her going about with the neighbours in such a friendly and sociable fashion that his jealousy mounted yet higher. One night at that time, as he was lying with her in bed, in the midst of these painful thoughts, he dreamt he spoke with the Fiend Incarnate and bewailed his grief to him. But the Devil comforted him, put a ring on his finger and said: 'Take this ring; as long as you carry it on your finger no other man can have carnal knowledge of your wife without your knowledge and against your will.' 'A thousand thanks, Sir Devil,' said Hans Carvel, 'I will deny Mahomet before ever I take this ring from my finger.' The Devil disappeared. But Hans Carvel awoke with a joyful heart and found that he had his finger in his wife's what-d'you-call-it.

I forgot to relate how the young woman, when she felt this, jerked her buttocks backwards as if to say: 'Stop! No, no! That's not what ought to be put in there!' which made Hans Carvel imagine that someone wanted to pull off his ring.

Is that not an infallible measure? Believe me! act after this example and take care at all times to have your wife's ring on your finger.[2]

The Devil, who appears here as counsellor, as he does in the treasure-dreams, gives us a clue to something of the dreamer's

[1] Rabelais, *Pantagruel*, Chapter 28 of *Le Tiers Livre*.

[2] [*Footnote by* Freud.] Goethe is concerned with this symbolism of the ring and the finger in a Venetian Epigram (*Paralipomena*, No. 66, Sophienausgabe, Abt. II, Bd. 5, 381).

> Costly rings I possess. Excellent stones, engraved
> In lofty style and conception, held by the purest of gold;

latent thoughts. Originally at least, he was supposed to 'take' the unfaithful wife who is hard to keep a watch on.[1] He then shows in the manifest dream an infallible means of keeping her permanently. In this too we recognize an analogy with the wish to get rid of someone (death-wish) in the defaecation-dreams.

We will conclude this small collection of dreams by adding a lottery-dream, whose connection with the others is rather slight, but which serves to confirm the suggestion which we put forward earlier [p. 186] that a lottery symbolizes a marriage contract.

It's No Use Crying over Spilt Milk![2]

A merchant had a strange dream. He dreamt that he saw a woman's arse with everything that belonged to it. On one half was a figure 1 and on the other a 3. Before this, the merchant had had the idea of buying a lottery ticket. It seemed to him that this picture in his dream was a lucky omen. Without waiting till the ninth hour, he ran to the bank first thing in the morning, in order to buy his ticket. He arrived there and without pausing to think he demanded ticket Number Thirteen, the same figures that he had seen in his dream. After he had bought his ticket, not a day passed on which he did not look in all the newspapers to see if his number had won. After a week, or at the most after ten days, the list of the draw came out. When he looked through, he saw that his number had not been drawn but the number 103, Series 8, and that number had won 200,000 roubles. The merchant nearly tore his hair out. 'I must have made a mistake' there is something wrong!' He was beside himself, he was almost inconsolable and could not conceive what his having had such a dream could mean. Then he resolved to discuss the matter with his friend to see if he could not account for his misfortune. He met his friend and told him everything in minute detail. Then his friend said: 'Oh you simpleton! Didn't you see the nought between the number 1 and the 3 on the arse?' 'A a ah, the Devil take it, it never occurred to me that the arse had a nought.' 'But it was there plain and clear, only you didn't work out the lottery number right. And the number 8 belonging to the

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Dearly men pay for these rings, adorned with fiery stones,
Oft have you seen them sparkle over the gaming-table.
But one little ring I know, whose virtue is not the same,
Which Hans Carvel once possessed, sadly, when he was old.
Foolish he pushed in the ring the smallest of all his ten fingers,
The eleventh, the biggest, alone is worthy and fit to be there.

[1] [Here there is a question mark by Oppenheim in the margin.]

[2] Tarasevsky (1909, 40 [No. 63]).

series—the cunt shows you that—it's like a number 8.'—It's no use crying over spilt milk!

Our intention in putting together this short paper was two-fold. On the one hand we wanted to suggest that one should not be deterred by the often repulsively dirty and indecent nature of this popular material from seeking in it valuable confirmation of psycho-analytic views. Thus on this occasion we have been able to establish the fact that folklore interprets dream-symbols in the same way as psycho-analysis, and that, contrary to loudly proclaimed popular opinion, it derives a group of dreams from needs and wishes which have become immediate. On the other hand, we should like to express the view that it is doing the common people an injustice to assume that they employ this form of entertainment merely to satisfy the coarsest desires. It seems rather that behind these ugly façades are concealed mental reactions to impressions of life which are to be taken seriously, which even strike a sad note—reactions to which common people are ready to surrender, but only if they are accompanied by a yield of coarse pleasure.

ON PSYCHO-ANALYSIS
(1913 [1911])

ON PSYCHO-ANALYSIS

(*a*) GERMAN EDITION:

(1911 Date of composition: no German text extant.)

(*b*) ENGLISH TRANSLATION:

'On Psycho-Analysis'

1913 *Australasian Medical Congress, Transactions of the Ninth Session*, **2**, Part 8, 839–42.

The present translation is a modified version of the one published in 1913.

Early in March, 1911, Freud received an invitation from Dr. Andrew Davidson, the secretary of the Section of Psychological Medicine and Neurology, to send a paper to be read before the Australasian Medical Congress which was to meet in Sydney in September of that year. He despatched his paper on May 13, and it was duly read, and later published in the *Transactions* of the Congress, along with papers (also on psychoanalytic subjects) by Jung and Havelock Ellis.

No German text is to be found, but it appears unlikely, from internal evidence, that the published version can have been written by Freud himself in English. It is more probable that it was translated from a German original, possibly in Australia. There seems to be no particular reason, therefore, for keeping to the published text, and we have accordingly made some light terminological and stylistic modifications in it.

ON PSYCHO-ANALYSIS

In response to a friendly request by the Secretary of your Section of Neurology and Psychiatry, I venture to draw the attention of this Congress to the subject of psycho-analysis, which is being extensively studied at the present time in Europe and America.

Psycho-analysis is a remarkable combination, for it comprises not only a method of research into the neuroses but also a method of treatment based on the aetiology thus discovered. I may begin by saying that psycho-analysis is not a child of speculation, but the outcome of experience; and for that reason, like every new product of science, is unfinished. It is open to anyone to convince himself by his own investigations of the correctness of the theses embodied in it, and to help in the further development of the study.

Psycho-analysis started with researches into hysteria, but in the course of years it has extended far beyond that field of work. The *Studies on Hysteria* by Breuer and myself, published in 1895, were the beginnings of psycho-analysis. They followed in the track of Charcot's work on 'traumatic' hysteria, Liébeault's and Bernheim's investigations of the phenomena of hypnosis, and Janet's studies of unconscious mental processes. Psycho-analysis soon found itself in sharp opposition to Janet's views, because (*a*) it declined to trace back hysteria directly to congenital hereditary degeneracy, (*b*) it offered, instead of a mere description, a dynamic explanation based on the interplay of psychical forces and (*c*) it ascribed the origin of psychical dissociation (whose importance had been recognized by Janet as well) not to a [failure of][1] mental synthesis resulting from a congenital disability, but to a special psychical process known as 'repression' ('*Verdrängung*').

It was conclusively proved that hysterical symptoms are residues (reminiscences) of profoundly moving experiences, which have been withdrawn from everyday consciousness, and that their form is determined (in a manner that excludes

[1] [These words have evidently been accidentally omitted from the published text.]

deliberate action) by details of the traumatic effects of the experiences. On this view, the therapeutic prospects lie in the possibility of getting rid of this 'repression', so as to allow part of the unconscious psychical material to become conscious and thus to deprive it of its pathogenic power. This view is a dynamic one, in so far as it regards psychical processes as displacements of psychical energy which can be gauged by the amount of their effect on the affective elements. This is most significant in hysteria, where the process of 'conversion' creates the symptoms by transforming a quantity of mental impulses into somatic innervations.

The first psycho-analytic examinations and attempts at treatment were made with the help of hypnotism. Afterwards this was abandoned and the work was carried out by the method of 'free association', with the patient remaining in his normal state. This modification had the advantage of enabling the procedure to be applied to a far larger number of cases of hysteria, as well as to other neuroses and also to healthy people. The development of a special technique of interpretation became necessary, however, in order to draw conclusions from the expressed ideas of the person under investigation. These interpretations established with complete certainty the fact that psychical dissociations are maintained entirely by 'internal resistances'. The conclusion seems justified, therefore, that the dissociations have originated owing to internal conflict, which has led to the 'repression' of the underlying impulse. To overcome this conflict and in that way to cure the neurosis, the guiding hand of a doctor trained in psycho-analysis is required.

Furthermore, it has been shown to be true quite generally that in all neuroses the pathological symptoms are really the end-products of such conflicts, which have led to 'repression' and 'splitting' of the mind. The symptoms are generated by different mechanisms: (*a*) either as formations in substitution for the repressed forces, or (*b*) as compromises between the repressing and repressed forces, or (*c*) as reaction-formations and safeguards against the repressed forces.

Researches were further extended to the conditions which determine whether or not psychical conflicts will lead to 'repression' (that is, to dissociation dynamically caused), since it goes without saying that a psychical conflict, *per se*, may also have a normal outcome. The conclusion arrived at by psycho-

analysis was that such conflicts were always between the sexual instincts (using the word 'sexual' in the widest sense) and the wishes and trends of the remainder of the ego. In neuroses it is the sexual instincts that succumb to 'repression' and so constitute the most important basis for the genesis of symptoms, which may accordingly be regarded as substitutes for sexual satisfactions.

Our work on the question of the disposition to neurotic affections has added the 'infantile' factor to the somatic and hereditary ones hitherto recognized. Psycho-analysis was obliged to trace back patients' mental life to their early infancy, and the conclusion was reached that inhibitions of mental development ('infantilisms') present a disposition to neurosis. In particular, we have learnt from our investigations of sexual life that there really is such a thing as 'infantile sexuality', that the sexual instinct is made up of many components and passes through a complicated course of development, the final outcome of which, after many restrictions and transformations, is the 'normal' sexuality of adults. The puzzling perversions of the sexual instinct which occur in adults appear to be either inhibitions of development, fixations or lop-sided growths. Thus neuroses are the negative of perversions.

The cultural development imposed on mankind is the factor which necessitates the restrictions and repressions of the sexual instinct, greater or lesser sacrifices being demanded according to the individual constitution. Development is hardly ever achieved smoothly, and disturbances may occur (whether on account of the individual constitution or of premature sexual incidents), leaving behind a disposition to future neuroses. Such dispositions may remain harmless if the adult's life proceeds satisfactorily and quietly; but they become pathogenic if the conditions of mature life forbid satisfaction of the libido or make too high demands on its suppression.

Researches into the sexual activity of children have led to a further conception of the sexual instinct, based not on its purposes but on its sources. The sexual instinct possesses in a high degree the capacity for being diverted from direct sexual aims and for being directed towards higher aims which are no longer sexual ('sublimation'). The instinct is thus enabled to make most important contributions to the social and artistic achievements of humanity.

Recognition of the simultaneous presence of the three factors of 'infantilism', 'sexuality' and 'repression' constitutes the main characteristic of the psycho-analytic theory, and marks its distinction from other views of pathological mental life. At the same time, psycho-analysis has demonstrated that there is no fundamental difference, but only one of degree, between the mental life of normal people, of neurotics and of psychotics. A normal person has to pass through the same repressions and has to struggle with the same substitutive structures; the only difference is that he deals with these events with less trouble and better success. The psycho-analytic method of investigation can accordingly be applied equally to the explanation of normal psychical phenomena, and has made it possible to discover the close relationship between pathological psychical products and normal structures such as dreams, the small blunders of everyday life, and such valuable phenomena as jokes, myths and imaginative works. The explanation of these has been carried furthest in the case of dreams, and has resulted here in the following general formula: 'A dream is a disguised fulfilment of a repressed wish.' The interpretation of dreams has as its object the removal of the disguise to which the dreamer's thoughts have been subjected. It is, moreover, a highly valuable aid to psycho-analytic technique, for it constitutes the most convenient method of obtaining insight into unconscious psychical life.

There is often a tendency in medical and especially in psychiatric circles to contradict the theories of psycho-analysis without any real study or practical application of them. This is due not only to the striking novelty of these theories and the contrast they present to the views hitherto held by psychiatrists, but also to the fact that the premisses and technique of psycho-analysis are much more nearly related to the field of psychology than to that of medicine. It cannot be disputed, however, that purely medical and non-psychological teachings have hitherto done very little towards an understanding of mental life. The progress of psycho-analysis is further retarded by the dread felt by the average observer of seeing himself in his own mirror. Men of science tend to meet emotional resistances with arguments, and thus satisfy themselves to their own satisfaction! Whoever wishes not to ignore a truth will do well to distrust his antipathies, and, if he wishes to submit the theory of

psycho-analysis to a critical examination, let him first analyse himself.

I cannot think that in these few sentences I have succeeded in painting a clear picture of the principles and purposes of psycho-analysis. But I will add a list of the chief publications on the subject, a study of which will give further enlightenment to any whom I may have interested.[1]

1. Breuer and Freud, *Studien über Hysterie*, 1895. Fr. Deuticke, Vienna. A portion of the above has been translated into English in 'Selected Papers on Hysteria and other Psycho-neuroses', by Dr. A. A. Brill, New York, 1909.
2. Freud, *Drei Abhandlungen zur Sexualtheorie*, Vienna, 1905. English translation by Dr. Brill, 'Three Contributions to the Sexual Theory', New York, 1910.
3. Freud, *Zur Psychopathologie des Alltagslebens*, S. Karger, Berlin. 3rd edition, 1910.
4. Freud, *Die Traumdeutung*, Vienna, 1900. 3rd ed., 1911.
5. Freud, 'The Origin and Development of Psycho-analysis', *Amer. Jour. of Psychology*, April, 1910. Also in German: *Ueber Psychoanalyse*. Five Lectures given at the Clark University, Worcester, Mass, 1909.
6. Freud, *Der Witz und seine Beziehung zum Unbewussten*, Vienna, 1905.
7. Freud, *Collection of minor papers on the Doctrine of Neuroses*, 1893–1906. Vienna, 1906.
8. Idem. A second collection. Vienna, 1909.
9. Hitschmann, *Freud's Neurosenlehre*, Vienna, 1911.
10. C. G. Jung, *Diagnostische Associationsstudien*. Two volumes, 1906–1910.
11. C. G. Jung, *Über die Psychologie der Dementia Praecox*, 1907.
12. *Jahrbuch für psycho-analytische und psychopathologische Forschungen*, published by E. Bleuler and S. Freud, edited by Jung. Since 1909.
13. *Schriften zur angewandten Seelenkunde*. Fr. Deuticke, Vienna. Since 1907. Eleven parts, by Freud, Jung, Abraham, Pfister, Rank, Jones, Riklin, Graf, Sadger.
14. *Zentralblatt für Psychoanalyse*. Edited by A. Adler and W. Stekel. J. Bergmann, Wiesbaden. Since Sept., 1910.

[1] [It seems worth while to reproduce this list as it stands in the original, if only as a reminder of the extremely limited literature on the subject available almost the whole of it only in German) at the date at which this paper was written.]

FORMULATIONS ON THE TWO PRINCIPLES OF MENTAL FUNCTIONING (1911)

EDITOR'S NOTE

FORMULIERUNGEN ÜBER DIE ZWEI PRINZIPIEN DES PSYCHISCHEN GESCHEHENS

(*a*) GERMAN EDITIONS:

1911 *Jb. psychoan. psychopath. Forsch.*, **3** (1), 1–8.
1913 *S.K.S.N.*, **3**, 271–9.
1924 *G.S.*, **5**, 409–17.
1931 *Theoretische Schriften*, 5–14.
1943 *G.W.*, **8**, 230–8.

(*b*) ENGLISH TRANSLATION:

'Formulations Regarding the Two Principles in Mental Functioning'

1925 *C.P.*, **4**, 13–21. (Tr. M. N. Searl.)

The present translation, with a modified title, is based on the one published in 1925, but has been largely re-written.

We learn from Dr. Ernest Jones that Freud began planning this paper in June, 1910, and was working at it simultaneously with the Schreber case history (1911*c*). His progress at it was slow, but on October 26 he spoke on the subject before the Vienna Psycho-Analytical Society, but found the audience unresponsive, and was himself dissatisfied with his presentation. It was not until December that he actually began writing the paper. It was finished at the end of January, 1911, but was not published till late in the spring, when it appeared in the same issue of the *Jahrbuch* as the Schreber case.

With this well-known paper, which is one of the classics of psycho-analysis, and with the almost contemporary third section of the Schreber case history, Freud, for the first time after an interval of more than ten years, took up once again a discussion of the general theoretical hypotheses which were implied by his clinical findings. His first extensive attempt at such a discussion

had been in quasi-neurological terminology in his 'Project for a Scientific Psychology' of 1895, which, however, was not published in his lifetime (Freud, 1950*a*). Chapter VII of *The Interpretation of Dreams* (1900*a*) was an exposition of a very similar set of hypotheses, but this time in purely psychological terms. Much of the material in the present paper (and especially in its earlier part) is derived directly from these two sources. The work gives the impression of being in the nature of a stock taking. It is as though Freud were bringing up for his own inspection, as it were, the fundamental hypotheses of an earlier period, and preparing them to serve as a basis for the major theoretical discussions which lay ahead in the immediate future—the paper on narcissism, for instance, and the great series of metapsychological papers.

The present exposition of his views is exceedingly condensed and is not easy to assimilate even to-day. Although we know now that Freud was saying very little in it that had not long been present in his mind, at the time of its publication it must have struck its readers as bewilderingly full of novelties. The paragraphs marked (1), for instance, on p. 219 ff., would be obscure indeed to those who could have no acquaintance either with the 'Project' or with the metapsychological papers and who would have to derive what light they could from a number of almost equally condensed and quite unsystematized passages in *The Interpretation of Dreams*. It is scarcely surprising that Freud's first audience was unresponsive.

The main theme of the work is the distinction between the regulating principles (the pleasure principle and the reality principle) which respectively dominate the primary and secondary mental processes. The thesis had in fact already been stated in Section 1 of Part I of the 'Project' and elaborated in Sections 15 and 16 of Part I and in the later portions of Section 1 of Part III. It was again discussed in Chapter VII of *The Interpretation of Dreams* (*Standard Ed.*, **5**, 565–7 and 598 ff.). But the fullest treatment was reserved for the paper on the metapsychology of dreams (1917*d* [1915]), written some three years after this one. A more detailed account of the development of Freud's views on the subject of our mental attitude towards reality will be found in the Editor's Note to that paper (*Standard Ed.*, **14**, 219 ff.).

Towards the end of the work a number of other related

topics are opened up, the further development of which (like that of the main theme) is left over for later investigation. The whole paper was, in fact (as Freud himself remarks), of a preparatory and exploratory nature, but it is not on that account of any less interest.

The greater part of this paper, in the 1925 version, was included in Rickman's *General Selection from the Works of Sigmund Freud* (1937, 45–53).

FORMULATIONS ON THE TWO PRINCIPLES OF MENTAL FUNCTIONING

We have long observed that every neurosis has as its result, and probably therefore as its purpose, a forcing of the patient out of real life, an alienating of him from reality.[1] Nor could a fact such as this escape the observation of Pierre Janet, he spoke of a loss of '*la fonction du reel*' ['the function of reality'] as being a special characteristic of neurotics, but without discovering the connection of this disturbance with the fundamental determinants of neurosis.[2] By introducing the process of repression into the genesis of the neuroses we have been able to gain some insight into this connection. Neurotics turn away from reality because they find it unbearable—either the whole or parts of it. The most extreme type of this turning away from reality is shown by certain cases of hallucinatory psychosis which seek to deny the particular event that occasioned the outbreak of their insanity (Griesinger).[3] But in fact every neurotic does the same with some fragment of reality.[4] And we are now confronted with the task of investigating the development of the relation of neurotics and of mankind in general to reality, and in this way of bringing the psychological significance of the real external world into the structure of our theories.

In the psychology which is founded on psycho-analysis we

[1] [The idea, with the phrase 'flight into psychosis', is already to be found in Section III of Freud's first paper on 'The Neuro-Psychoses of Defence' (1894*a*). The actual phrase 'flight into illness' occurs in Section B of his paper on hysterical attacks (1909*a*).]

[2] Janet, 1909.

[3] [W. Griesinger (1817–1868) was a well-known Berlin psychiatrist of an earlier generation, much admired by Freud's teacher, Meynert. The passage alluded to in the text is no doubt the one mentioned by Freud three times in *The Interpretation of Dreams* (1900*a*), *Standard Ed.*, **4**, 91, 134 and 230 *n.*, and again in Chapter VI of the book on jokes (1905*c*). In this passage Griesinger (1845–89) drew attention to the wish-fulfilling character of both psychoses and dreams.]

[4] Otto Rank (1910) has recently drawn attention to a remarkably clear prevision of this explanation shown in Schopenhauer's *The World as Will and Idea* [Part II (Supplements), Chapter 32].

have become accustomed to taking as our starting-point the unconscious mental processes, with the peculiarities of which we have become acquainted through analysis. We consider these to be the older, primary processes, the residues of a phase of development in which they were the only kind of mental process. The governing purpose obeyed by these primary processes is easy to recognize; it is described as the pleasure-unpleasure [*Lust-Unlust*] principle, or more shortly the pleasure principle.[1] These processes strive towards gaining pleasure, psychical activity draws back from any event which might arouse unpleasure. (Here we have repression.) Our dreams at night and our waking tendency to tear ourselves away from distressing impressions are remnants of the dominance of this principle and proofs of its power.

I shall be returning to lines of thought which I have developed elsewhere[2] when I suggest that the state of psychical rest was originally disturbed by the peremptory demands of internal needs. When this happened, whatever was thought of (wished for) was simply presented in a hallucinatory manner, just as still happens to-day with our dream-thoughts every night.[3] It was only the non-occurrence of the expected satisfaction, the disappointment experienced, that led to the abandonment of this attempt at satisfaction by means of hallucination. Instead of it, the psychical apparatus had to decide to form a conception of the real circumstances in the external world and to endeavour to make a real alteration in them. A new principle of mental functioning was thus introduced; what was presented in the mind was no longer what was agreeable but what was real, even if it happened to be disagreeable.[4] This setting-up of the *reality principle* proved to be a momentous step.

(1) In the first place, the new demands made a succession of

[1] [This seems to be the first appearance of the actual term 'pleasure principle'. In *The Interpretation of Dreams* it is always named the 'unpleasure principle' (e.g. *Standard Ed.*, 5, 600).]

[2] In the General Section of *The Interpretation of Dreams*. [I.e. in Chapter VII. See in particular *Standard Ed.*, 5, 565–7 and 598 ff. But what follows is for the most part also foreshadowed in the 'Project' of 1895. Cf., for instance, the end of Section 11 and Section 15 of Part I.]

[3] The state of sleep is able to re-establish the likeness of mental life as it was before the recognition of reality, because a prerequisite of sleep is a deliberate rejection of reality (the wish to sleep).

[4] I will try to amplify the above schematic account with some further

adaptations necessary in the psychical apparatus, which, owing to our insufficient or uncertain knowledge, we can only retail very cursorily.

The increased significance of external reality heightened the importance, too, of the sense-organs that are directed towards that external world, and of the *consciousness* attached to them. Consciousness now learned to comprehend sensory qualities in addition to the qualities of pleasure and unpleasure which hitherto had alone been of interest to it. A special function was instituted which had periodically to search the external world, in order that its data might be familiar already if an urgent internal need should arise—the function of *attention*.[1] Its activity meets the sense-impressions half way, instead of awaiting their appearance. At the same time, probably, a system of *notation* was introduced, whose task it was to lay down the results of this

details. It will rightly be objected that an organization which was a slave to the pleasure principle and neglected the reality of the external world could not maintain itself alive for the shortest time, so that it could not have come into existence at all. The employment of a fiction like this is, however, justified when one considers that the infant—provided one includes with it the care it receives from its mother—does almost realize a psychical system of this kind. It probably hallucinates the fulfilment of its internal needs; it betrays its unpleasure, when there is an increase of stimulus and an absence of satisfaction, by the motor discharge of screaming and beating about with its arms and legs, and it then experiences the satisfaction it has hallucinated. Later, as an older child, it learns to employ these manifestations of discharge intentionally as methods of expressing its feelings. Since the later care of children is modelled on the care of infants, the dominance of the pleasure principle can really come to an end only when a child has achieved complete psychical detachment from its parents.—A neat example of a psychical system shut off from the stimuli of the external world, and able to satisfy even its nutritional requirements autistically (to use Bleuler's term [1912]), is afforded by a bird's egg with its food supply enclosed in its shell; for it, the care provided by its mother is limited to the provision of warmth.—I shall not regard it as a correction, but as an amplification of the schematic picture under discussion, if it is insisted that a system living according to the pleasure principle must have devices to enable it to withdraw from the stimuli of reality. Such devices are merely the correlative of 'repression', which treats internal unpleasurable stimuli as if they were external—that is to say, pushes them into the external world.

[1] [Some remarks on Freud's views about attention will be found in an Editor's footnote to the metapsychological paper on 'The Unconscious' (*Standard Ed.*, **14**, 192).]

periodical activity of consciousness a part of what we call *memory*.

The place of repression, which excluded from cathexis as productive of unpleasure some of the emerging ideas, was taken by an *impartial passing of judgement*,[1] which had to decide whether a given idea was true or false that is, whether it was in agreement with reality or not the decision being determined by making a comparison with the memory-traces of reality.

A new function was now allotted to motor discharge, which, under the dominance of the pleasure principle, had served as a means of unburdening the mental apparatus of accretions of stimuli, and which had carried out this task by sending innervations into the interior of the body (leading to expressive movements and the play of features and to manifestations of affect). Motor discharge was now employed in the appropriate alteration of reality; it was converted into *action*.[2]

Restraint upon motor discharge (upon action), which then became necessary, was provided by means of the process of *thinking*, which was developed from the presentation of ideas. Thinking was endowed with characteristics which made it possible for the mental apparatus to tolerate an increased tension of stimulus while the process of discharge was postponed. It is essentially an experimental kind of acting, accompanied by displacement of relatively small quantities of cathexis together with less expenditure (discharge) of them.[3] For this purpose the conversion of freely displaceable cathexes into 'bound' cathexes was necessary, and this was brought about by means of raising the level of the whole cathectic process. It is probable that thinking was originally unconscious, in so far as it went beyond mere ideational presentations and was directed to the relations between impressions of objects, and that it did not acquire further qualities, perceptible to consciousness, until it became connected with verbal residues.[4]

[1] [This notion, often repeated by Freud, appears as early as in the first edition of his book on jokes (1905*c*), towards the end of Chapter VI) and is examined more deeply in his late paper on 'Negation' (1925*h*).]

[2] [Cf. 'Project', Part I, Section II.]

[3] [Cf. 'Project', Part I, Section 18, and *The Interpretation of Dreams*, *Standard Ed.*, **5**, 599–600.]

[4] [Cf. 'Project', Part III, Section 1, and *The Interpretation of Dreams*, *Standard Ed.*, **5**, 574 and 617. This is developed further in Section VII of 'The Unconscious' (1915*e*).]

(2) A general tendency of our mental apparatus, which can be traced back to the economic principle of saving expenditure [of energy], seems to find expression in the tenacity with which we hold on to the sources of pleasure at our disposal, and in the difficulty with which we renounce them. With the introduction of the reality principle one species of thought-activity was split off; it was kept free from reality-testing and remained subordinated to the pleasure principle alone.[1] This activity is *phantasying*, which begins already in children's play, and later, continued as *day-dreaming*, abandons dependence on real objects.

(3) The supersession of the pleasure principle by the reality principle, with all the psychical consequences involved, which is here schematically condensed into a single sentence, is not in fact accomplished all at once; nor does it take place simultaneously all along the line. For while this development is going on in the ego-instincts, the sexual instincts become detached from them in a very significant way. The sexual instincts behave auto-erotically at first; they obtain their satisfaction in the subject's own body and therefore do not find themselves in the situation of frustration which was what necessitated the institution of the reality principle; and when, later on, the process of finding an object begins, it is soon interrupted by the long period of latency, which delays sexual development until puberty. These two factors—auto-erotism and the latency period—have as their result that the sexual instinct is held up in its psychical development and remains far longer under the dominance of the pleasure principle, from which in many people it is never able to withdraw.

In consequence of these conditions, a closer connection arises, on the one hand, between the sexual instinct and phantasy and, on the other hand, between the ego-instincts and the activities of consciousness. Both in healthy and in neurotic people this connection strikes us as very intimate, although the considera-

[1] In the same way, a nation whose wealth rests on the exploitation of the produce of its soil will yet set aside certain areas for reservation in their original state and for protection from the changes brought about by civilization (E.g. Yellowstone Park.) [Cf. the discussions of phantasies in 'Creative Writers and Day-Dreaming' (1908*e*) and in 'Hysterical Phantasies and their Relation to Bisexuality' (1908*a*). The term '*Realitätsprüfung*' seems to make its first appearance in this sentence.]

tions of genetic psychology which have just been put forward lead us to recognize it as a *secondary* one. The continuance of auto-erotism is what makes it possible to retain for so long the easier momentary and imaginary satisfaction in relation to the sexual object in place of real satisfaction, which calls for effort and postponement. In the realm of phantasy, repression remains all-powerful, it brings about the inhibition of ideas *in statu nascendi* before they can be noticed by consciousness, if their cathexis is likely to occasion a release of unpleasure. This is the weak spot in our psychical organization; and it can be employed to bring back under the dominance of the pleasure principle thought-processes which had already become rational. An essential part of the psychical disposition to neurosis thus lies in the delay in educating the sexual instincts to pay regard to reality and, as a corollary, in the conditions which make this delay possible.

(4) Just as the pleasure-ego can do nothing but *wish*, work for a yield of pleasure, and avoid unpleasure, so the reality-ego need do nothing but strive for what is *useful* and guard itself against damage.[1] Actually the substitution of the reality principle for the pleasure principle implies no deposing of the pleasure principle, but only a safeguarding of it. A momentary pleasure, uncertain in its results, is given up, but only in order to gain along the new path an assured pleasure at a later time. But the endopsychic impression made by this substitution has been so powerful that it is reflected in a special religious myth. The doctrine of reward in the after-life for the voluntary or enforced renunciation of earthly pleasures is nothing other than a mythical projection of this revolution in the mind. Following consistently along these lines, *religions* have been able to effect absolute renunciation of pleasure in this life by means of the promise of compensation in a future existence; but they have not by this means achieved a conquest of the pleasure principle. It is *science* which comes nearest to succeeding in that conquest;

[1] The superiority of the reality-ego over the pleasure-ego has been aptly expressed by Bernard Shaw in these words: 'To be able to choose the line of greatest advantage instead of yielding in the direction of least resistance' (*Man and Superman*.) [A remark made by Don Juan towards the end of the Mozartean interlude in Act III.—A much more elaborate account of the relations between the 'pleasure-ego' and the 'reality-ego' is given in 'Instincts and their Vicissitudes' (1915*c*), *Standard Ed.*, **14**, 134–6.]

science too, however, offers intellectual pleasure during its work and promises practical gain in the end.

(5) *Education* can be described without more ado as an incitement to the conquest of the pleasure principle, and to its replacement by the reality principle; it seeks, that is, to lend its help to the developmental process which affects the ego. To this end it makes use of an offer of love as a reward from the educators; and it therefore fails if a spoilt child thinks that it possesses that love in any case and cannot lose it whatever happens.

(6) *Art* brings about a reconciliation between the two principles in a peculiar way. An artist is originally a man who turns away from reality because he cannot come to terms with the renunciation of instinctual satisfaction which it at first demands, and who allows his erotic and ambitious wishes full play in the life of phantasy. He finds the way back to reality, however, from this world of phantasy by making use of special gifts to mould his phantasies into truths of a new kind, which are valued by men as precious reflections of reality. Thus in a certain fashion he actually becomes the hero, the king, the creator, or the favourite he desired to be, without following the long roundabout path of making real alterations in the external world. But he can only achieve this because other men feel the same dissatisfaction as he does with the renunciation demanded by reality, and because that dissatisfaction, which results from the replacement of the pleasure principle by the reality principle, is itself a part of reality.[1]

(7) While the ego goes through its transformation from a *pleasure-ego* into a *reality-ego*, the sexual instincts undergo the changes that lead them from their original auto-erotism through various intermediate phases to object-love in the service of procreation. If we are right in thinking that each step in these two courses of development may become the site of a disposition to later neurotic illness, it is plausible to suppose that the form taken by the subsequent illness (the *choice of neurosis*) will depend on the particular phase of the development of the ego and of the libido in which the dispositional inhibition of de-

[1] Cf. the similar position taken by Otto Rank (1907). [See also 'Creative Writers and Day-Dreaming' (1908*e*), as well as the closing paragraph of Lecture XXIII of the *Introductory Lectures* (1916–1917).]

velopment has occurred. Thus unexpected significance attaches to the chronological features of the two developments (which have not yet been studied), and to possible variations in their synchronization.[1]

(8) The strangest characteristic of unconscious (repressed) processes, to which no investigator can become accustomed without the exercise of great self-discipline, is due to their entire disregard of reality-testing; they equate reality of thought with external actuality, and wishes with their fulfilment with the event just as happens automatically under the dominance of the ancient pleasure principle. Hence also the difficulty of distinguishing unconscious phantasies from memories which have become unconscious.[2] But one must never allow oneself to be misled into applying the standards of reality to repressed psychical structures, and on that account, perhaps, into undervaluing the importance of phantasies in the formation of symptoms on the ground that they are not actualities, or into tracing a neurotic sense of guilt back to some other source because there is no evidence that any actual crime has been committed. One is bound to employ the currency that is in use in the country one is exploring in our case a neurotic currency. Suppose, for instance, that one is trying to solve a dream such as this. A man who had once nursed his father through a long and painful mortal illness, told me that in the months following his father's death he had repeatedly dreamt that *his father was alive once more and that he was talking to him in his usual way. But he felt it exceedingly painful that his father had really died, only without knowing it.* The only way of understanding this apparently nonsensical dream is by adding 'as the dreamer wished' or 'in consequence of his wish' after the words 'that his father had really died', and by further adding 'that he [the dreamer] wished it' to the last words. The dream-thought then runs: it was a painful memory for him that he had been obliged to wish for his father's death (as a release) while he was still alive, and how terrible it would have been if his father had had any suspicion of it! What we have here is thus the familiar case of self-reproaches after the loss of someone loved, and in this instance the self-reproach

[1] [This theme is developed in 'The Disposition to Obsessional Neurosis' (1913*i*), p. 324 ff. below.]

[2] [This difficulty is discussed at length in the later part of Lecture XXIII of the *Introductory Lectures*.]

went back to the infantile significance of death-wishes against the father.[1]

The deficiencies of this short paper, which is preparatory rather than expository, will perhaps be excused only in small part if I plead that they are unavoidable. In these few remarks on the psychical consequences of adaptation to the reality principle I have been obliged to adumbrate views which I should have preferred for the present to withhold and whose justification will certainly require no small effort. But I hope it will not escape the notice of the benevolent reader how in these pages too the dominance of the reality principle is beginning.

[1] [This dream was added to the 1911 edition of *The Interpretation of Dreams* (1900*a*), *Standard Ed.*, **5**, 430–1, soon after the publication of the present paper.]

TYPES OF ONSET OF NEUROSIS

(1912)

EDITOR'S NOTE

ÜBER NEUROTISCHE ERKRANKUNGSTYPEN

(*a*) GERMAN EDITIONS:

1912 *Zbl. Psychoan.*, **2** (6), 297–302.
1913 *S.K.S.N.*, **3**, 306–13.
1924 *G.S.*, **5**, 400–8.
1943 *G.W.*, **8**, 322–30.

(*b*) ENGLISH TRANSLATION:

'Types of Neurotic Nosogenesis'

1924 *C.P.*, **2**, 113–21. (Tr. E. C. Mayne.)

The present translation, with a different title, is a new one by James Strachey.

This paper appeared in the March, 1912, issue of the *Zentralblatt*. It is an expansion of some remarks contained in a paragraph of the Schreber analysis (1911*c*), p. 61 f. above, and its theme is the classification of the precipitating causes of neurotic illnesses. Freud had, of course, often dealt with it before, but in his earlier writings the position was obscured by the prominence given in them to traumatic events. After he had more or less completely abandoned the trauma theory, his interest was largely focussed (e.g. in the 'Summary' at the end of the *Three Essays* (1905*d*), *Standard Ed.*, **7**, 235 ff.) on the various *predisposing* causes of neurosis. The precipitating causes are mentioned in one or two contemporary papers, but only in the most general and somewhat deprecating terms. (See, for instance, a paper on the aetiology of the neuroses (1906*a*), ibid., 278–9.) It is true, however, that the notion of 'privation, ('*Entbehrung*') makes an occasional appearance, e.g. in 'On Psychotherapy' (1905*a*), ibid., 267, but only in the sense of privation due to some external circumstance. The possibility of neurosis resulting from an *internal* obstacle to satisfaction emerges at a somewhat later date in the paper, for instance' on the effects of 'civilized' morality (1908*d*) perhaps, as Freud

suggests below (p. 233), under the impact of Jung's work. In the last-mentioned paper the term '*Versagung* (frustration)' is used to describe the internal obstacle It reappears, but this time with reference only to *external* obstacles, in the rather earlier Schreber analysis (1911*c*) (pp. 57 and 62 above), as well as in two papers contemporary with this one—on the dynamics of transference (1912*b*), p. 103 above, and on the tendency to debasement in love (1912*d*), *Standard Ed*., **11**, 181. But in the present paper, Freud used the word for the first time to introduce a more embracing concept, covering *both* kinds of obstacle.

From this time forward 'frustration' as a principal precipitating cause of neurosis became one of the most commonly used weapons in Freud's clinical armoury, and it recurs in many of his later writings. The most elaborate of these later discussions will be found in Lecture XXII of the *Introductory Lectures* (1916–17). The apparently contradictory case of a person falling ill at the moment of attaining success—the very opposite of frustration—was brought up and resolved by Freud in the course of a paper on various types of character (1916*d*), *Standard Ed*., **14**, 316 ff., and he returned once more to the same point in his open letter to Romain Rolland describing a visit to the Acropolis (1936*a*). In a passage in the case history of the 'Wolf Man' (1918*b*), Freud pointed out that there was an omission in the present list of types of onset of neurosis—the type resulting from a *narcissistic* frustration (*Standard Ed*., **17**, 118).

The greater part of this paper, in the 1924 version, was included in Rickman's *General Selection from the Works of Sigmund Freud* (1937, 70–8).

TYPES OF ONSET OF NEUROSIS

In the pages which follow, I shall describe, on the basis of impressions arrived at empirically, the changes which conditions must undergo in order to bring about the outbreak of a neurotic illness in a person with a disposition to it. I shall thus be dealing with the question of the precipitating factors of illnesses and shall have little to say about their forms. The present discussion of the precipitating causes will differ from others in that the changes to be enumerated will relate exclusively to the subject's libido. For psycho-analysis has taught us that the vicissitudes of the libido are what decide in favour of nervous health or sickness. Nor are words to be wasted in this connection on the concept of disposition.[1] It is precisely psychoanalytic research which has enabled us to show that neurotic disposition lies in the history of the development of the libido, and to trace back the operative factors in that development to innate varieties of sexual constitution and to influences of the external world experienced in early childhood.

(*a*) The most obvious, the most easily discoverable and the most intelligible precipitating cause of an onset of neurosis is to be seen in the external factor which may be described in general terms as *frustration*. The subject was healthy so long as his need for love was satisfied by a real object in the external world; he becomes neurotic as soon as this object is withdrawn from him without a substitute taking its place. Here happiness coincides with health and unhappiness with neurosis. It is easier for fate to bring about a cure than for the physician;[2] for it can offer the patient a substitute for the possibility of satisfaction which he has lost.

Thus with this type, to which, no doubt, the majority of human beings on the whole belong, the possibility of falling ill arises only when there is abstinence. And it may be judged from this what an important part in the causation of neuroses

[1] [On this see the Editor's Note to Freud's paper on 'The Disposition to Obsessional Neurosis' (1913*i*), below, p. 313 ff.]

[2] [Freud had used almost the same words in the last paragraph of his contribution to the *Studies on Hysteria* (1895*d*), *Standard Ed.*, **2**, 305.]

may be played by the limitation imposed by civilization on the field of accessible satisfactions. Frustration has a pathogenic effect because it dams up libido, and so submits the subject to a test as to how long he can tolerate this increase in psychical tension and as to what methods he will adopt for dealing with it. There are only two possibilities for remaining healthy when there is a persistent frustration of satisfaction in the real world. The first is by transforming the psychical tension into active energy which remains directed towards the external world and eventually extorts a real satisfaction of the libido from it. The second is by renouncing libidinal satisfaction, sublimating the dammed-up libido and turning it to the attainment of aims which are no longer erotic and which escape frustration. That these two possibilities are realized in men's lives proves that unhappiness does not coincide with neurosis and that frustration does not alone decide whether its victim remains healthy or falls ill. The immediate effect of frustration lies in its bringing into play the dispositional factors which have hitherto been inoperative.

Where these are present and sufficiently strongly developed, there is a risk of the libido becoming 'introverted'.[1] It turns away from reality, which, owing to the obstinate frustration, has lost its value for the subject, and turns towards the life of phantasy, in which it creates new wishful structures and revives the traces of earlier, forgotten ones. In consequence of the intimate connection between the activity of phantasy and material present in everyone which is infantile and repressed and has become unconscious, and thanks to the exceptional position enjoyed by the life of phantasy in regard to reality-testing,[2] the libido may thenceforward move on a backward course; it may follow the path of *regression* along infantile lines, and strive after aims that correspond with them. If these strivings, which are incompatible with the subject's present-day individuality, acquire enough intensity, a conflict must result between them and the other portion of his personality, which has maintained its relation to reality. This conflict is resolved by the formation of symptoms, and is followed by the onset of

[1] To use a term introduced by C. G. Jung [Freud had borrowed the term earlier. See above, p. 102.]

[2] See my 'Formulations on the Two Principles of Mental Functioning' (1911*b*) [p. 222 above].

manifest illness. The fact that the whole process originated from frustration in the real world is reflected in the resulting event that the symptoms, in which the ground of reality is reached once more, represent substitutive satisfactions.

(*b*) The second type of precipitating cause of falling ill is by no means so obvious as the first; and it was in fact only possible to discover it through searching analytic investigations following on the Zurich school's theory of complexes.[1] Here the subject does not fall ill as a result of a change in the external world which has replaced satisfaction by frustration, but as a result of an internal effort to obtain the satisfaction which is accessible to him in reality. He falls ill of his attempt to adapt himself to reality and to fulfil *the demands of reality*—an attempt in the course of which he comes up against insurmountable internal difficulties.

It is advisable to draw a sharp distinction between the two types of onset of illness—a sharper distinction than observation as a rule permits. In the first type what is prominent is a change in the external world; in the second type the accent falls on an internal change. In the first type the subject falls ill from an experience; in the second type it is from a developmental process. In the first case he is faced by the task of renouncing satisfaction, and he falls ill from his incapacity for resistance, in the second case his task is to exchange one kind of satisfaction for another, and he breaks down from his inflexibility. In the second case the conflict, which is between the subject's effort to remain as he is and the effort to change himself in order to meet fresh purposes and fresh demands from reality, is present from the first. In the former case the conflict only arises after the dammed-up libido has chosen other, and incompatible, possibilities of satisfaction. The part played by the conflict and the previous fixation of the libido is incomparably more obvious in the second type than in the first, in which such unserviceable fixations may perhaps only emerge as a result of the external frustration.

A young man who has hitherto satisfied his libido by means of phantasies ending in masturbation, and who now seeks to replace a régime approximating to auto-erotism by the choice of a real object—or a girl who has given her whole affection to

[1] Cf. Jung (1909).

her father or brother and who must now, for the sake of a man who is courting her, allow her hitherto unconscious incestuous libidinal wishes to become conscious—or a married woman who would like to renounce her polygamous inclinations and phantasies of prostitution so as to become a faithful consort to her husband and a perfect mother to her child—all of these fall ill from the most laudable efforts, if the earlier fixations of their libido are powerful enough to resist a displacement; and this point will be decided, once again, by the factors of disposition, constitution and infantile experience. All of them, it might be said, meet with the fate of the little tree in the Grimms' fairy tale, which wished it had different leaves.[1] From the hygienic point of view—which, to be sure, is not the only one to be taken into account—one could only wish for them that they had continued to be as undeveloped, as inferior and as useless as they were before they fell ill. The change which the patients strive after, but bring about only imperfectly or not at all, invariably has the value of a step forward from the point of view of real life. It is otherwise if we apply ethical standards: we see people falling ill just as often when they discard an ideal as when they seek to attain it.

In spite of the very clear differences between the two types of onset of illness that we have described, they nevertheless coincide in essentials and can without difficulty be brought together into a unity. Falling ill from frustration may also be regarded as incapacity for adaptation to reality—in the particular case, that is, in which reality frustrates satisfaction of libido. Falling ill under the conditions of the second type leads directly to a special case of frustration. It is true that reality does not here frustrate *every* kind of satisfaction; but it frustrates the one kind which the subject declares is the only possible one. Nor does the frustration come immediately from the external world, but primarily from certain trends in the subject's ego. Nevertheless, frustration remains the common factor and the more inclusive one. In consequence of the conflict which immediately sets in in the second type, both kinds of satisfaction—the habitual one as well as the one aimed at—are equally inhibited; a damming-up of libido, with all its consequences, comes about just as it does in the first case. The psychical events

[1] [This well-known story does not, in fact, seem to be included in the Grimm collection.]

leading to the formation of symptoms are if anything easier to follow in the second type than in the first, for in the second type the pathogenic fixations of the libido do not need to be freshly established, but have already been in force while the subject was healthy. A certain amount of introversion of libido is, as a rule, already present; and there is a saving of some part of the subject's regression to the infantile stage, owing to the fact that his forward development has not yet completed its course.

(*c*) The next type, which I shall describe as falling ill from *an inhibition in development*, looks like an exaggeration of the second one—falling ill from the demands of reality. There is no theoretical reason for distinguishing it, but only a practical one; for those we are here concerned with are people who fall ill as soon as they get beyond the irresponsible age of childhood, and who have thus never reached a phase of health—a phase, that is, of capacity for achievement and enjoyment which is on the whole unrestricted. The essential feature of the dispositional process is in these cases quite plain. Their libido has never left its infantile fixations; the demands of reality are not suddenly made upon a wholly or partly mature person, but arise from the very fact of growing older, since it is obvious that they constantly alter with the subject's increasing age. Thus conflict falls into the background in comparison with insufficiency. But here, too, all our other experience leads us to postulate an effort at overcoming the fixations of childhood; for otherwise the outcome of the process could never be neurosis but only a stationary infantilism.

(*d*) Just as the third type has brought the dispositional determinant before us almost in isolation, so the fourth type, which now follows, draws our attention to another factor, which comes into consideration in every single case and might easily for that very reason be overlooked in a theoretical discussion. We see people fall ill who have hitherto been healthy, who have met with no fresh experience and whose relation to the external world has undergone no change, so that the onset of their illness inevitably gives an impression of spontaneity. A closer consideration of such cases, however, shows us that none the less a change *has* taken place in them whose importance we must rate very highly as a cause of illness. As a result of their

having reached a particular period of life, and in conformity with regular biological processes, the *quantity* of libido in their mental economy has experienced an increase which is in itself enough to upset the equilibrium of their health and to set up the necessary conditions for a neurosis. It is well known that more or less sudden increases of libido of this kind are habitually associated with puberty and the menopause with the attainment of a certain age in women; in some people they may in addition be manifested in periodicities that are still unknown. Here the damming-up of libido is the primary factor; it becomes pathogenic as a consequence of a *relative* frustration on the part of the external world, which would still have granted satisfaction to a smaller claim by the libido. The unsatisfied and dammed-up libido can once again open up paths to regression and kindle the same conflicts which we have demonstrated in the case of absolute external frustration. We are reminded in this way that the quantitative factor should not be left out of account in any consideration of the precipitating causes of illness. All the other factors—frustration, fixation, developmental inhibition—remain ineffective unless they affect a certain amount of libido and bring about a damming-up of libido of a certain height. It is true that we are unable to measure this amount of libido which seems to us indispensable for a pathogenic effect; we can only postulate it after the resulting illness has started. There is only one direction in which we can determine it more precisely. We may assume that it is not a question of an *absolute* quantity, but of the relation between the quota of libido in operation and the quantity of libido which the individual ego is able to deal with—that is, to hold under tension, to sublimate or to employ directly. For this reason a *relative* increase in the quantity of libido may have the same effects as an absolute one. An enfeeblement of the ego owing to organic illness or owing to some special demand upon its energy will be able to cause the emergence of neuroses which would otherwise have remained latent in spite of any disposition that might be present.

The importance in the causation of illness which must be ascribed to *quantity* of libido is in satisfactory agreement with two main theses of the theory of the neuroses to which psychoanalysis has led us: first, the thesis that the neuroses are derived from the conflict between the ego and the libido, and secondly,

the discovery that there is no *qualitative* distinction between the determinants of health and those of neurosis, and that, on the contrary, healthy people have to contend with the same tasks of mastering their libido—they have simply succeeded better in them.

It remains to say a few words on the relation of these types to the facts of observation. If I survey the set of patients on whose analysis I am at the moment engaged, I must record that not one of them is a pure example of any of the four types of onset. In each of them, rather, I find a portion of frustration operating alongside of a portion of incapacity to adapt to the demands of reality; inhibition in development, which coincides, of course, with inflexibility of fixations, has to be reckoned with in all of them, and, as I have already said, the importance of quantity of libido must never be neglected. I find, indeed, that in several of these patients their illness has appeared in successive waves, between which there have been healthy intervals, and that each of these waves has been traceable to a different type of precipitating cause. Thus the erection of these four types cannot lay claim to any high theoretical value; they are merely different ways of establishing a particular pathogenic constellation in the mental economy—namely the damming-up of libido, which the ego cannot, with the means at its command, ward off without damage. But this situation itself only becomes pathogenic as a result of a quantitative factor; it does not come as a novelty to mental life and is not created by the impact of what is spoken of as a 'cause of illness'.

A certain *practical* importance may readily be allowed to these types of onset. They are to be met with in their pure form, indeed, in individual cases, we should not have noticed the third and fourth types if they had not in some subjects constituted the sole precipitating causes of the illness. The first type keeps before our eyes the extraordinarily powerful influence of the external world, and the second the no less important influence—which opposes the former one—of the subject's peculiar individuality. Pathology could not do justice to the problem of the precipitating factors in the neuroses so long as it was merely concerned with deciding whether those affections were of an 'endogenous' or 'exogenous' nature. It was bound to meet every observation which pointed to the importance

of abstinence (in the widest sense of the word) as a precipitating cause with the objection that other people tolerate the same experiences without falling ill. If, however, it sought to lay stress on the peculiar individuality of the subject as being the essential factor decisive between illness and health, it was obliged to put up with the proviso that people possessing such a peculiarity can remain healthy indefinitely, just so long as they are able to retain that peculiarity. Psycho-analysis has warned us that we must give up the unfruitful contrast between external and internal factors, between experience and constitution,[1] and has taught us that we shall invariably find the cause of the onset of neurotic illness in a particular psychical situation which can be brought about in a variety of ways.

[1] [A long discussion of this will be found in a footnote to Freud's paper on 'The Dynamics of Transference' (1912*b*), published a couple of months before the present paper. See above, p. 99.]

CONTRIBUTIONS TO A DISCUSSION ON MASTURBATION

(1912)

EDITOR'S NOTE

ZUR ONANIE-DISKUSSION

(*a*) GERMAN EDITIONS:

1912 In *Die Onanie* (*Diskussionen der Wiener Psychoanalytischen Vereinigung*, **2**), Wiesbaden. Bergmann. Pp. iii–iv and 132–40.
1925 *G.S.*, **3**, 324–37.
1931 *Sexualtheorie und Traumlehre*, 228–39.
1943 *G.W.*, **8**, 332–45.

(*b*) ENGLISH TRANSLATION:

'Masturbation'

1921 *Medical Critic and Guide* (New York), **24** (September), 327–34. (Omitting 'Introduction'., (Tr. Eden Paul.)

The present translation is a new one by James Strachey.

The discussion on masturbation held in the Vienna Psycho-Analytical Society was much more prolonged than the earlier one on suicide, Freud's contributions to which were similarly published (1910*g*,. The minutes of the Society, printed in Volume II of the *Zentralblatt für Psychoanalyse* (1911–12), show that 14 members (including Freud) took part in the discussions, which occupied 9 evenings, from November 22, 1911, to April 24, 1912. It was on this last occasion that Freud made his concluding remarks, described in the minutes as an 'Epilogue'. The 'Introduction' was not delivered at a meeting, but is merely the preface to the pamphlet in which the papers were ultimately published.

This work contains by far the fullest discussion of masturbation that is to be found in Freud's writings, though short allusions to it are frequent enough. In his early papers masturbation figures chiefly on account of its relation to the 'actual neuroses' and in particular as a causative agent of neurasthenia. (See, for instance, Section II of his French paper on the aetiology of the neuroses, 1896*a*.) It is interesting to find Freud

stoutly defending that position in the present work and taking the opportunity of giving one of his few later pronouncements on the 'actual neuroses' in general (p. 248 ff. below).

After these early papers, Freud's first important account of masturbation appeared in Section 4 of the second of his *Three Essays* (1905*d*), *Standard Ed.*, **7**, 185 ff. Here for the first time he brought out the significance of masturbation in early childhood. But it was only in the third (1915) edition of that work (that is to say, *after* the date of the present discussion) that the existence of three distinct phases of masturbation was clearly shown. (See ibid., 188–9, footnote 3.) Nor was that distinction made plain in Freud's next longish reference to the subject, in the 'Rat Man' case history (1909*d*), *Standard Ed.*, **10**, 202–3. Two other important points were, however, made in papers of about this same period: the connection of masturbation with phantasies, in the paper on hysterical phantasies (1908*a*), and its connection with the threat of castration, in the paper on infantile sexual theories (1908*c*) and, of course, in the analysis of 'Little Hans' (1909*b*). A short passage in the paper on the effects of 'civilized' morality (1908*d*) should also be mentioned, in which the objections to masturbation are put forward on lines similar to those in the present paper. Incidentally, Freud there remarks that a person's sexual behaviour often 'lays down a pattern' for his whole way of reacting to the external world, and this no doubt explains the obscure reference below, in paragraph (*b*), pp. 251–2, to 'the laying down of a psychical pattern'.

It is a curious fact that, apart from his discussions of the feelings of guilt attached to masturbation and of the special characteristics of masturbation in girls, to which attention is drawn in footnotes below on pp. 246 and 247, almost all of Freud's later references to the topic occur in relation to the dread of castration. His interest in the other aspects of the subject seems to have been exhausted in his present contribution.[1]

[1] See, however, footnote 2 on p. 254.

CONTRIBUTIONS TO A DISCUSSION ON MASTURBATION

I

INTRODUCTION

It is never the aim of the discussions in the Vienna Psycho-Analytical Society to remove diversities or to arrive at conclusions. The different speakers, who are held together by taking a similar fundamental view of the same facts, allow themselves to give the sharpest expression to the variety of their individual opinions without any regard to the probability of converting any of their audience who may think otherwise. There may be many points in these discussions which have been misstated and misunderstood, but the final outcome, nevertheless, is that every one has received the clearest impression of views differing from his own and has communicated his own differing views to other people.

The discussion on masturbation, of which actually only fragments are published here, lasted for several months and was conducted on the plan of each speaker in turn reading a paper, which was followed by an exhaustive debate. Only the actual papers are included in the present publication, and not the debates, which were highly stimulating and in which the differing opinions were expressed and defended. This pamphlet would otherwise have attained dimensions which would certainly have stood in the way of its being widely read and proving effective.

The choice of the topic calls for no apologies in these days when an attempt is at last being made to subject the problems of man's sexual life to a scientific examination. Numerous repetitions of the same thoughts and assertions were unavoidable: they are, of course, the signs of agreement between the speakers. As regards the many divergences in their views, it can no more be an editor's task to harmonize them than it is to attempt to hide them. It is to be hoped that the reader's interest will be repelled neither by the repetitions nor by the contradictions.

It has been our purpose on this occasion to show the direction into which the study of the problem of masturbation has been forced by the emergence of the psycho-analytic method of approach. How far we have succeeded in that purpose will appear from our readers' applause, or perhaps still more clearly from their disapproval.

VIENNA, *Summer* 1912

II

CONCLUDING REMARKS

GENTLEMEN, The older members of this group will be able to recall that some years ago we made a previous attempt at a collective discussion of this kind—a 'symposium', as our American colleagues call it—on the subject of masturbation.[1] At that time the opinions expressed showed such important divergences that we did not venture to lay our proceedings before the public. Since then the same group, together with some newcomers, having been uninterruptedly in touch with observed facts, and having had a constant interchange of ideas with one another, have so far clarified their views and arrived at common ground that the venture which we previously abandoned now no longer seems so rash. I really have an impression that the points on which we are agreed in connection with masturbation are now firmer and more deep-going than the disagreements—though these undeniably exist. Some of the apparent contradictions are only the result of the many different directions from which you have approached the subject, whereas in fact the opinions in question may quite well find a place alongside one another.

With your permission I will set before you a summary of the points on which we seem to be agreed or divided.

We are all *agreed*, I feel,

(*a*) on the importance of the phantasies which accompany or represent the act of masturbation,

(*b*) on the importance of the sense of guilt, whatever its source may be, which is attached to masturbation, and

(*c*) on the impossibility of assigning a qualitative determinant for the injurious effects of masturbation. (On this last point agreement is not unanimous.)

Unresolved differences of opinion have appeared

(*a*) in respect to a denial of a somatic factor in the effects of masturbation,

(*b*) in respect to a general denial of the injurious effects of masturbation,

[1] [This earlier discussion seems to have occurred on May 25 and June 1 and 8, 1910.]

(*c*) with regard to the origin of the sense of guilt, which some of you wish to attribute directly to lack of satisfaction, while others adduce social factors in addition, or the attitude of the subject's personality at the moment,[1] and

(*d*) with regard to the ubiquity of masturbation in children.

Lastly, significant *uncertainties* exist

(*a*) as to the mechanism of the injurious effects of masturbation, if there are any, and

(*b*) as to the aetiological relation of masturbation to the 'actual neuroses'.

As regards the majority of the points of controversy among us, we have to thank the challenging criticisms of our colleague Wilhelm Stekel, based on his great and independent experience. There is no doubt that we have left very many points over to be established and clarified by some future band of observers and enquirers. But we may console ourselves with the knowledge that we have worked honestly and in no narrow spirit, and that in so doing we have opened up paths along which later research will be able to travel.

You must not expect much from my own contributions to the questions we are concerned with. You are aware of my preference for the fragmentary treatment of a subject, with emphasis on the points which seem to me best established. I have nothing new to offer — no solutions, only a few repetitions of things I have already maintained, a few words in defence of these old assertions against attacks made upon them by some of you, and, in addition, a few comments which must inevitably force themselves on anyone listening to your papers.

I have, as you know, divided masturbation according to the subject's age into (1) masturbation in infants, which includes all auto-erotic activities serving the purpose of sexual satisfaction, (2) masturbation in children, which arises directly out of the preceding kind and has already become fixed to certain erotogenic zones, and (3) masturbation at puberty, which is either continuous with childhood masturbation or is separated from it by the period of latency. In some of the accounts which

[1] [Freud's own views on the question of why a sense of guilt attaches to masturbation will be found in a footnote added in 1915 and 1920 to the *Three Essays* (1905*d*), *Standard Ed.*, 7, 189, and in a passage in '"A Child is Being Beaten"' (1919*e*), *Standard Ed.*, 17, 194–5.]

I have heard you give, full justice has not quite been done to this temporal division. The ostensible unity of masturbation, which is fostered by the customary medical terminology, has given rise to some generalizations where a differentiation according to the three periods of life would have been better justified. It has been a matter for regret, too, that we have not been able to pay as much attention to female as to male masturbation; female masturbation, I believe, is deserving of a special study and in its case it is particularly true that a special emphasis lies on the modifications in it that arise in relation to the subject's age.[1]

I come now to the objections raised by Reitler to my teleological argument in favour of the ubiquity of masturbation in infancy. I admit that this argument must be abandoned. If one more edition of my *Three Essays on the Theory of Sexuality* is called for, it will not contain the sentence under attack. I will renounce my attempt at guessing the purposes of Nature and will content myself with describing the facts.[2]

Another remark of Reitler's is, I think, significant and important. This was to the effect that certain arrangements in the genital apparatus which are peculiar to human beings seem to tend towards preventing sexual intercourse in childhood. Here, however, my doubts arise. The occlusion of the female sexual orifice and the absence of an *os penis* which would assure erection are, after all, directed only against actual coition, not against sexual excitations in general. Reitler seems to me to take too anthropomorphic a view of the way in which Nature pursues her aims—as though it were a question of her carrying through a single purpose, as is the case with human activity. But so far as we can see, in natural processes a whole number of aims are pursued alongside one another, without interfering with one another. If we are to speak of Nature in human terms, we shall have to say that she appears to us to be what, in the case of men, we should call inconsistent. For my part, I think Reitler should not attach so much weight to his

[1] [Freud had discussed female masturbation in his *Three Essays* (1905*d*), *Standard Ed.*, 7, 220. He returned to it in several later works, always insisting on its originally clitoridal nature: e.g. in the paper on sex distinction (1925*j*), Section II of 'Female Sexuality' (1931*b*) and Lecture XXXIV of his *New Introductory Lectures* (1933*a*).]

[2] [The change was duly made in the 1915 edition of the book. See *Standard Ed.*, 7, 188 *n.*]

own teleological arguments. The use of teleology as a heuristic hypothesis has its dubious side: in any particular instance one can never tell whether one has hit upon a 'harmony' or a 'disharmony'. It is the same as when one drives a nail into the wall of a room: one cannot be certain whether one is going to come up against lath and plaster or brick-work.

On the question of the relation of masturbation and emissions to the causation of so-called 'neurasthenia', I find myself, like many of you, in opposition to Stekel, and, subject to a limitation which I shall mention presently, I maintain, as against him, my former views. I see nothing that could oblige us to abandon the distinction between 'actual neuroses' and psychoneuroses, and I cannot regard the genesis of the symptoms in the case of the former as anything but toxic. Here Stekel really seems to me greatly to overstretch psychogenicity. My view is still what it was in the first instance, more than fifteen years ago: namely, that the two 'actual neuroses'—neurasthenia and anxiety neurosis (and perhaps we ought to add hypochondria proper as a third 'actual neurosis')[1]—provide the psychoneuroses with the necessary 'somatic compliance',[2] they provide the excitatory material, which is then psychically selected and given a 'psychical coating', so that, speaking generally, the nucleus of the psychoneurotic symptom—the grain of sand at the centre of the pearl—is formed of a somatic sexual manifestation.[3] This is clearer, it is true, of anxiety neurosis and its relation to hysteria than it is of neurasthenia, into which no careful psycho-analytic investigations have yet been made. In anxiety neurosis, as you have often been able to convince yourselves, it is at bottom a small fragment of undischarged excitation connected with coition which emerges as an anxiety symptom or provides the nucleus for the formation of a hysterical symptom.

Stekel shares with many non-psycho-analytic writers an inclination to reject the morphological differentiations which we have made within the jumble of the neuroses and to lump

[1] [Freud had already hinted at this in a footnote to the Schreber case (see above, pp. 56–7), and he returned to the subject later, in the second section of his paper on narcissism (1914*c*), *Standard Ed.*, **14**, 83.]

[2] [The term used by Freud in explaining the mechanism of hysteria in his 'Dora' analysis (1905*e*), *Standard Ed.*, **7**, 40.]

[3] [Cf. again the case of 'Dora', ibid., 83.]

them all together under one heading under psychasthenia, perhaps. We have often contradicted him on this, and have held fast to our expectation that the morphologico-clinical differences will prove valuable as indications that have not yet been understood of essentially distinct processes. When he—justly points out to us that he has regularly found the same complexes present in what are termed neurasthenics as in other neurotics, his argument fails to meet the point at issue. We have long known that the same complexes and conflicts are to be looked for, too, in all normal and healthy people. In fact, we have grown accustomed to attributing to every civilized human being a certain amount of repression of perverse impulses, a certain amount of anal erotism, of homosexuality and so on, as well as a piece of father-complex and mother-complex and of other complexes besides—just as in the chemical analysis of an organic substance we have every hope of finding certain elements: carbon, oxygen, hydrogen, nitrogen and a trace of sulphur. What distinguishes organic substances from one another is the relative amounts of these elements and the way in which the links between them are constituted. In the same way, in the case of normal and neurotic people what is in question is not whether these complexes and conflicts *exist* but whether they have become pathogenic and, if so, by means of what mechanisms they have become so.

The essence of the theories about the 'actual neuroses' which I have put forward in the past and am defending to-day lies in my assertion, based on experiment, that their symptoms, unlike psychoneurotic ones, cannot be analysed. That is to say, the constipation, headaches and fatigue of the so-called neurasthenic do not admit of being traced back historically or symbolically to operative experiences and cannot be understood as substitutes for sexual satisfaction or as compromises between opposing instinctual impulses, as is the case with psychoneurotic symptoms (even though the latter may perhaps have the same appearance). I do not believe it will be possible to upset this assertion by the help of psycho-analysis. On the other hand I will grant to-day what I was unable to believe formerly—that an analytic treatment can have an indirect curative effect on 'actual' symptoms. It can do so either by enabling the current noxae to be better tolerated, or by enabling the sick person to escape from the current noxae by making a change

in his sexual régime. These would be desirable prospects from the point of view of our therapeutic interest.

If in the end I am convicted of being in error over the theoretical problem of the 'actual neuroses', I shall be able to console myself with the advance in our knowledge, which must disregard the opinions of an individual. You may then ask why, since I have such a laudable appreciation of the limitations of my own infallibility, I do not at once give in to these new suggestions but prefer to re-enact the familiar comedy of an old man obstinately clinging to his opinions.[1] My reply is that I do not yet see any evidence to induce me to give in. In early days I made a number of alterations in my views and did not conceal them from the public. I was reproached on account of these changes, just as to-day I am reproached for my conservativeness. Not that I should be intimidated by the one reproach or the other. But I know that I have a destiny to fulfil. I cannot escape it and I need not move towards it. I shall await it, and in the meantime I shall behave towards our science as earlier experience has taught me.

I am loth to take up a position on the question that has been dealt with by you so extensively of the injuriousness of masturbation, for it offers no proper approach to the problems which concern us. But we must all do so, no doubt: the world seems to feel no other interest in masturbation. You will recall that at our former series of discussions on the subject we had among us as a visitor a distinguished Viennese paediatrician. What was it that he repeatedly asked us to tell him? Simply, how far masturbation is injurious and why it injures some people but not others. So we must force our researches to make a pronouncement to meet this practical demand.

I must confess that here again I am unable to share Stekel's point of view, in spite of the many courageous and correct comments that he has made to us on the question. As he sees it, the injuriousness of masturbation amounts to no more than a senseless prejudice which, purely as a result of personal limitations, we are unwilling to cast off with sufficient thoroughness. I believe, however, that if we fix our eyes on the problem *sine ira et studio*[2]—so far, of course, as we are able to,—we shall be obliged to declare, rather, that to take up such a position con-

[1] [Freud was almost exactly 56 at this time.]

[2] ['Without bitterness or partiality.' Tacitus, *Annals*, I, 1.]

tradicts our fundamental views on the aetiology of the neuroses. Masturbation corresponds essentially to infantile sexual activity and to its subsequent retention at a more mature age. We derive the neuroses from a conflict between a person's sexual urges and his other (ego) trends. Now someone might say: 'In my view the pathogenic factor in this aetiological relation lies solely in the ego's reaction to its sexuality.' By this he would be asserting that anyone could keep free of neurosis if only he were willing to allow unrestricted satisfaction to his sexual urges. But it is clearly arbitrary, and evidently pointless as well, to come to such a decision, and not to allow the sexual urges themselves to have any share in the pathogenic process. But if you admit that the sexual urges can have a pathogenic effect, you should no longer deny a similar significance to masturbation, which after all only consists in carrying out such sexual instinctual impulses. In every case which seems to show that masturbation is pathogenic, you will, no doubt, be able to trace the operation further back—to the instincts which manifest themselves in the masturbation and to the resistances which are directed against those instincts. Masturbation is not anything ultimate—whether somatically or psychologically—it is not a real 'agent', but merely the name for certain activities. Yet, however much we may trace things further back, our judgement on the causation of the illness will nevertheless rightly remain attached to this activity. And do not forget that masturbation is not to be equated with sexual activity in general: it is sexual activity subjected to certain limiting conditions. Thus it also remains possible that it is precisely these peculiarities of masturbatory activity which are the vehicles of its pathogenic effects.

We are therefore brought back once more from arguments to clinical observation, and we are warned by it not to strike out the heading 'Injurious Effects of Masturbation'. We are at all events confronted in the neuroses with cases in which masturbation has done damage.

This damage seems to occur in three different ways:

(*a*) *Organic* injury may occur by some unknown mechanism. Here we must take into account the considerations of excess and of inadequate satisfaction, which have often been mentioned by you.

(*b*) The injury may occur through the laying down of a

psychical pattern according to which there is no necessity for trying to alter the external world in order to satisfy a great need.[1] Where, however, a far-reaching reaction against this pattern develops, the most valuable character-traits may be initiated.

(*c*) A *fixation of infantile sexual aims* may be made possible, and a persistence of psychical infantilism. Here we have the disposition for the occurrence of a neurosis. As psycho-analysts we cannot fail to be greatly interested in this result of masturbation—which in this case means, of course, masturbation occurring at puberty and continued afterwards. We must keep in mind the significance which masturbation acquires as a carrying into effect of phantasy that half-way region interpolated between life in accordance with the pleasure principle and life in accordance with the reality principle; and we must remember how masturbation makes it possible to bring about sexual developments and sublimations in phantasy, which are nevertheless not advances but injurious compromises -though it is true, as an important remark of Stekel's has pointed out, that this same compromise renders severe perverse inclinations harmless and averts the worst consequences of abstinence.

On the basis of my medical experience, I cannot rule out a permanent reduction in potency as one among the results of masturbation, though I will grant to Stekel that in a number of cases it may turn out to be only apparent. This particular result of masturbation, however, cannot be classed unhesitatingly among the injurious ones. Some diminution of male potency and of the brutal aggressiveness involved in it is much to the purpose from the point of view of civilization. It facilitates the practice by civilized men of the virtues of sexual moderation and trustworthiness that are incumbent on them. Virtue accompanied by full potency is usually felt as a hard task.

This may strike you as cynical, but you may rest assured that it is not cynically meant. It sets out to be no more than a piece of dry description, without regard to whether it may cause satisfaction or annoyance. For masturbation, like so many other things, has *les défauts de ses vertus* and on the other hand *les vertus de ses défauts*. If one is disentangling an involved and complex subject with a one-sided practical interest in its harmfulness and uses, one must put up with unwelcome discoveries.

Furthermore, I think we may with advantage distinguish

[1] [See the Editor's Note, p. 242.]

what we may describe as the *direct* injuries caused by masturbation from those which arise *indirectly* from the ego's resistance and indignation against that sexual activity. I have not entered into these latter consequences.

And now I am obliged to add a few words on the second of the two painful questions we have been asked. Assuming that masturbation can be injurious, under what conditions and in what people does it prove to be so?

Like the majority of you, I am inclined to refuse to give a general answer to the question. It partly coincides with another, more comprehensive question: when does sexual activity in general become pathogenic for particular people? If we put this consideration on one side, we are left with a question of detail relating to the characteristics of masturbation in so far as it represents a special manner and form of sexual satisfaction. Here it would be to the point to repeat what is already known to us and has been discussed in other connections—to assess the influence of the *quantitative* factor and of the combined operation of several pathogenic factors. Above all, however, we should have to leave a wide field for what are known as an individual's constitutional dispositions. But it must be confessed that dealing with these is an awkward business. For we are in the habit of forming our opinion of individual dispositions *ex post facto*: we attribute this or that disposition to people after the event, when they have already fallen ill. We have no method of discovering it beforehand. We behave, in fact, like the Scottish King in one of Victor Hugo's novels,[1] who boasted of an infallible method of recognizing witchcraft. He had the accused woman stewed in boiling water and then tasted the broth. He then judged according to the taste: 'Yes, that was a witch', or 'No, that was not one.'

There is another question that I might draw your attention to, which has been dealt with too little in our discussions: that of 'unconscious' masturbation. I mean masturbation during sleep, during abnormal states, or fits. You will recall the many hysterical fits in which masturbatory acts recur in a disguised or unrecognizable way, after the subject has renounced that form of satisfaction, and the many symptoms in obsessional

[1] [This has not been traced. The anecdote will be met with again in a similar connection near the end of Lecture XXXIV of the *New Introductory Lectures* (1933*a*).]

neurosis which seek to replace and repeat this kind of sexual activity, which has formerly been forbidden.[1] We may also speak of a therapeutic return of masturbation. A number of you will have found on occasion, as I have, that it represents a great advance if during the treatment the patient ventures to take up masturbation once more, though he may have no intention of making a permanent stop at that infantile halting-place. In this connection I may remind you that a considerable number of precisely the most severe sufferers from neurosis have avoided all recollection of masturbation during historic times, while psycho-analysis is able to prove that that species of sexual activity had by no means been strange to them during the forgotten earliest period of their lives.

But I think the time has come to break off. For we are all agreed on one thing—that the subject of masturbation is quite inexhaustible.[2]

[1] [Cf. Section C of Freud's paper on hysterical attacks (1909*a*).]

[2] [In a letter to Fliess of December 22, 1897 (Freud, 1950*a*, Letter 79), Freud described masturbation as the 'primal addiction', for which later addictions (to alcohol, tobacco, morphine, etc.) are substitutes. He took up this idea very much later, in the discussion of gambling in his paper on Dostoevsky (1928*b*).]

A NOTE ON THE UNCONSCIOUS IN PSYCHO-ANALYSIS
(1912)

EDITOR'S NOTE

A NOTE ON THE UNCONSCIOUS IN PSYCHO-ANALYSIS

(*a*) ENGLISH EDITIONS:

1912 *Proceedings* of the Society for Psychical Research, **26** (Part 66), 312–18.
1925 *C.P.*, **4**, 22–9.

(*b*) GERMAN TRANSLATION:

'Einige Bemerkungen über den Begriff des Unbewussten in der Psychoanalyse'

1913 *Int. Z. Psychoanal.*, **1** (2), 117–23.
1918 *S.K.S.N.*, **4**, 157–67. (1922, 2nd ed.)
1924 *G.S.*, **5**, 433–42.
1924 *Technik und Metapsychol.*, 155–64.
1931 *Theoretische Schriften*, 15–24.
1943 *G.W.*, **8**, 430–39.

In 1912 Freud was invited by the Society for Psychical Research of London to contribute to a 'Special Medical Part' of its *Proceedings*, and the present paper was the result. It was written by Freud in English, but was revised, it seems, in England before its publication in November, 1912. A German version of the paper appeared in the March, 1913, issue of the *Zeitschrift*. There was nothing on the face of it to show that this was not also written by Freud himself. But we learn from Dr. Jones (1955, 352) that it was in fact a translation of Freud's English paper made by one of his chief followers, Hanns Sachs. Lastly it must be added that when the paper was reprinted in Volume IV of the *Collected Papers* in 1925, it was subjected to a further slight 'secondary revision' which brought the terminology up to date.

As a result of all this we are left without any completely reliable text of the paper. No doubt both the revision and the translation were excellently carried out, and probably Freud himself went through both of them. Nevertheless we must

topic, in Chapter I of *The Ego and the Id* (1923*b*) and in Lecture XXXI of the *New Introductory Lectures* (1933*a*), Freud returned to the triple distinction made here; and the third use of the term, the 'systematic' (touched upon only slightly at the end of the present paper), was then seen to be a step towards the structural division of the mind into 'id', 'ego' and 'super-ego', which was so greatly to clarify the whole situation.

The greater part of this paper, in the 1925 version, was included in Rickman's *General Selection from the Works of Sigmund Freud* (1937, 54–62).

necessarily remain in uncertainty where there is a question of Freud's precise choice of terms. To take an example of one difficulty. The term 'conception' is used repeatedly in paragraphs 2 to 5. We should be inclined to suppose that Freud had in mind the German word '*Vorstellung*' which is usually rendered in this edition by the English 'idea'. And in fact '*Vorstellung*' is the word used in the corresponding places in the German translation. At the end of the seventh paragraph and in the eighth the word 'idea' appears in the English text, and the corresponding word in the German is '*Idee*'. But in the tenth and eleventh paragraphs, where we once more find the English 'idea', the German rendering is almost everywhere '*Gedanke*' (which we usually translate 'thought'), but in one place '*Vorstellung*'.

In the circumstances we have thought the wisest course is simply to reprint the original English version, exactly as it appeared in the original S.P.R. *Proceedings*, with occasional footnotes where the terminology calls for comment.

Our reason for regretting this textual uncertainty will be understood when it is remembered that this is among the most important of Freud's theoretical papers. Here for the first time he gave a long and reasoned account of the grounds for his hypothesis of unconscious mental processes and set out the various ways in which he used the term 'unconscious'. The paper is in fact a study for the major work on the same subject which he was to write some three years later (1915*e*). Like the earlier paper 'On the Two Principles of Mental Functioning' (1911*b*) and Section III of the Schreber analysis (1911*c*), the present one is evidence of Freud's renewed concern with psychological theory.

The discussion of the ambiguities inherent in the word 'unconscious' is of particular interest, with the distinction between its three uses — the 'descriptive', the 'dynamic' and the 'systematic'. The present account is both more elaborate and clearer than the much shorter one given in Section II of the great paper (*Standard Ed.*, **14**, 172). For there only two uses are differentiated, the 'descriptive' and the 'systematic'; and no plain distinction appears to be made between the latter and the 'dynamic'—the term which in the present paper is applied to the *repressed* unconscious. In two later discussions of the same

A NOTE ON THE UNCONSCIOUS IN PSYCHO-ANALYSIS

I WISH to expound in a few words and as plainly as possible what the term 'unconscious' has come to mean in Psycho-analysis and in Psycho-analysis alone.

A conception or any other psychical[1] element which is now *present* to my consciousness may become *absent* the next moment, and may become *present again*, after an interval, unchanged, and, as we say, from memory, not as a result of a fresh perception by our senses. It is this fact which we are accustomed to account for by the supposition that during the interval the conception has been present in our mind, although *latent* in consciousness. In what shape it may have existed while present in the mind and latent in consciousness we have no means of guessing.

At this very point we may be prepared to meet with the philosophical objection that the latent conception did not exist as an object of psychology, but as a physical disposition for the recurrence of the same psychical phenomenon, i.e. of the said conception. But we may reply that this is a theory far overstepping the domain of psychology proper, that it simply begs the question by asserting 'conscious' to be an identical term with 'psychical', and that it is clearly at fault in denying psychology the right to account for its most common facts, such as memory, by its own means.

Now let us call 'conscious' the conception which is present to our consciousness and of which we are aware, and let this be the only meaning of the term 'conscious'. As for latent conceptions, if we have any reason to suppose that they exist in the mind as we had in the case of memory let them be denoted by the term 'unconscious'.

Thus an unconscious conception is one of which we are not aware, but the existence of which we are nevertheless ready to admit on account of other proofs or signs.

This might be considered an uninteresting piece of descriptive or classificatory work if no experience appealed to our

[1] [In the 1925 English version, throughout the paper, 'psychical' was altered to 'mental'.]

judgement other than the facts of memory, or the cases of association by unconscious links. The well-known experiment, however, of the 'post-hypnotic suggestion' teaches us to insist upon the importance of the distinction between *conscious* and *unconscious* and seems to increase its value.

In this experiment, as performed by Bernheim, a person is put into a hypnotic state and is subsequently aroused. While he was in the hypnotic state, under the influence of the physician, he was ordered to execute a certain action at a certain fixed moment after his awakening, say half an hour later. He awakes, and seems fully conscious and in his ordinary condition; he has no recollection of his hypnotic state, and yet at the prearranged moment there rushes into his mind the impulse to do such and such a thing, and he does it consciously, though not knowing why. It seems impossible to give any other description of the phenomenon than to say that the order had been present in the mind of the person in a condition of latency, or had been present unconsciously, until the given moment came, and then had become conscious. But not the whole of it emerged into consciousness: only the conception of the act to be executed. All the other ideas associated with this conception the order, the influence of the physician, the recollection of the hypnotic state, remained unconscious even then.

But we have more to learn from such an experiment. We are led from the purely descriptive to a *dynamic* view of the phenomenon. The idea of the action ordered in hypnosis not only became an object of consciousness at a certain moment, but the more striking aspect of the fact is that this idea grew *active*: it was translated into action as soon as consciousness became aware of its presence. The real stimulus to the action being the order of the physician, it is hard not to concede that the idea of the physician's order became active too. Yet this last idea did not reveal itself to consciousness, as did its outcome, the idea of the action; it remained unconscious, and so it was *active and unconscious* at the same time.

A post-hypnotic suggestion is a laboratory production, an artificial fact. But if we adopt the theory of hysterical phenomena first put forward by P. Janet and elaborated by Breuer and myself, we shall not be at a loss for plenty of natural facts showing the psychological character of the post-hypnotic suggestion even more clearly and distinctly.

The mind of the hysterical patient is full of active yet unconscious ideas; all her symptoms proceed from such ideas. It is in fact the most striking character of the hysterical mind to be ruled by them. If the hysterical woman vomits, she may do so from the idea of being pregnant. She has, however, no knowledge of this idea, although it can easily be detected in her mind, and made conscious to her, by one of the technical procedures of psycho-analysis. If she is executing the jerks and movements constituting her 'fit', she does not even consciously represent to herself the intended actions, and she may perceive those actions with the detached feelings of an onlooker. Nevertheless analysis will show that she was acting her part in the dramatic reproduction of some incident in her life, the memory of which was unconsciously active during the attack. The same preponderance of active unconscious ideas is revealed by analysis as the essential fact in the psychology of all other forms of neurosis.

We learn therefore by the analysis of neurotic phenomena that a latent or unconscious idea is not necessarily a weak one, and that the presence of such an idea in the mind admits of indirect proofs of the most cogent kind, which are equivalent to the direct proof furnished by consciousness. We feel justified in making our classification agree with this addition to our knowledge by introducing a fundamental distinction between different kinds of latent or unconscious ideas. We were accustomed to think that every latent idea was so because it was weak and that it grew conscious as soon as it became strong. We have now gained the conviction that there are some latent ideas which do not penetrate into consciousness, however strong they may have become. Therefore we may call the latent ideas of the first type *foreconscious*,[1] while we reserve the term *unconscious* (proper) for the latter type which we came to study in the neuroses The term *unconscious*, which was used in the purely descriptive sense before, now comes to imply something more. It designates not only latent ideas in general, but especially ideas with a certain dynamic character, ideas keeping apart from consciousness in spite of their intensity and activity.

Before continuing my exposition I will refer to two objections

[1] [In the 1925 English version, throughout the paper, 'foreconscious' was altered to 'preconscious', which has, of course, become the regular translation of the German '*vorbewusst*'.]

which are likely to be raised at this point. The first of these may be stated thus. instead of subscribing to the hypothesis of unconscious ideas of which we know nothing, we had better assume that consciousness can be split up, so that certain ideas or other psychical acts may constitute a consciousness apart, which has become detached and estranged from the bulk of conscious psychical activity. Well-known pathological cases like that of Dr. Azam seem to go far to show that the splitting up of consciousness is no fanciful imagination.

I venture to urge against this theory that it is a gratuitous assumption, based on the abuse of the word 'conscious'. We have no right to extend the meaning of this word so far as to make it include a consciousness of which its owner himself is not aware. If philosophers find difficulty in accepting the existence of unconscious ideas, the existence of an unconscious consciousness seems to me even more objectionable. The cases described as splitting of consciousness, like Dr. Azam's, might better be denoted as shifting of consciousness, that function —or whatever it be—oscillating between two different psychical complexes which become conscious and unconscious in alternation.

The other objection that may probably be raised would be that we apply to normal psychology conclusions which are drawn chiefly from the study of pathological conditions. We are enabled to answer it by another fact, the knowledge of which we owe to psycho-analysis. Certain deficiencies of function of most frequent occurrence among healthy people, e.g. *lapsus linguae*, errors in memory and speech, forgetting of names, etc., may easily be shown to depend on the action of strong unconscious ideas in the same way as neurotic symptoms. We shall meet with another still more convincing argument at a later stage of this discussion.

By the differentiation of foreconscious and unconscious ideas, we are led on to leave the field of classification and to form an opinion about functional and dynamical relations in psychical action. We have found a *foreconscious activity* passing into consciousness with no difficulty, and an *unconscious activity* which remains so and seems to be cut off from consciousness.

Now we do not know whether these two modes of psychical activity are identical or essentially divergent from their beginning, but we may ask why they should become different in the

course of psychical action. To this last question psycho-analysis gives a clear and unhesitating answer. It is by no means impossible for the product of unconscious activity to pierce into consciousness, but a certain amount of exertion is needed for this task. When we try to do it in ourselves, we become aware of a distinct feeling of *repulsion*[1] which must be overcome, and when we produce it in a patient we get the most unquestionable signs of what we call his *resistance* to it. So we learn that the unconscious idea is excluded from consciousness by living forces which oppose themselves to its reception, while they do not object to other ideas, the foreconscious ones. Psycho-analysis leaves no room for doubt that the repulsion from unconscious ideas is only provoked by the tendencies embodied in their contents. The next and most probable theory which can be formulated at this stage of our knowledge is the following. Unconsciousness is a regular and inevitable phase in the processes constituting our psychical activity, every psychical act begins as an unconscious one, and it may either remain so or go on developing into consciousness, according as it meets with resistance or not. The distinction between foreconscious and unconscious activity is not a primary one, but comes to be established after repulsion has sprung up Only then the difference between foreconscious ideas, which can appear in consciousness and reappear at any moment, and unconscious ideas which cannot do so gains a theoretical as well as a practical value. A rough but not inadequate analogy to this supposed relation of conscious to unconscious activity might be drawn from the field of ordinary photography. The first stage of the photograph is the 'negative'; every photographic picture has to pass through the 'negative process', and some of these negatives which have held good in examination are admitted to the 'positive process' ending in the picture.

But the distinction between foreconscious and unconscious activity, and the recognition of the barrier which keeps them asunder, is not the last or the most important result of the psycho-analytic investigation of psychical life. There is one psychical product to be met with in the most normal persons, which yet presents a very striking analogy to the wildest pro-

[1] [In the German translation the word 'repulsion', here and lower down, is rendered by '*Abwehr*', of which the usual English version is 'defence' or 'fending off'.]

ductions of insanity, and was no more intelligible to philosophers than insanity itself. I refer to dreams. Psycho-analysis is founded upon the analysis of dreams; the interpretation of dreams is the most complete piece of work the young science has done up to the present. One of the most common types of dream-formation may be described as follows: a train of thoughts has been aroused by the working of the mind in the daytime, and retained some of its activity, escaping from the general inhibition of interests which introduces sleep and constitutes the psychical preparation for sleeping. During the night this train of thoughts succeeds in finding connections with one of the unconscious tendencies present ever since his childhood in the mind of the dreamer, but ordinarily *repressed* and excluded from his conscious life. By the borrowed force of this unconscious help, the thoughts, the residue of the day's work,[1] now become active again, and emerge into consciousness in the shape of the dream. Now three things have happened:

(1) The thoughts have undergone a change, a disguise and a distortion, which represents the part of the unconscious helpmate.

(2) The thoughts have occupied consciousness at a time when they ought not.

(3) Some part of the unconscious, which could not otherwise have done so, has emerged into consciousness.

We have learnt the art of finding out the 'residual thoughts', the *latent thoughts of the dream*, and, by comparing them with the apparent[2] *dream*, we are able to form a judgement on the changes they underwent and the manner in which these were brought about.

The latent thoughts of the dream differ in no respect from the products of our regular conscious activity; they deserve the name of foreconscious thoughts, and may indeed have been conscious at some moment of waking life. But by entering into connection with the unconscious tendencies during the night they have become assimilated to the latter, degraded as it were to the condition of unconscious thoughts, and subjected to the laws by which unconscious activity is governed. And here is the

[1] [In the 1925 English version the word 'mental' was inserted before 'work'. In the German translation the whole phrase is rendered '*Tagesreste*', for which the usual English equivalent is 'day's residues'.]

[2] [This word was altered to 'manifest' in the 1925 English version.]

opportunity to learn what we could not have guessed from speculation, or from another source of empirical information – that the laws of unconscious activity differ widely from those of the conscious. We gather in detail what the peculiarities of the *Unconscious* are, and we may hope to learn still more about them by a profounder investigation of the processes of dream-formation.

This inquiry is not yet half finished, and an exposition of the results obtained hitherto is scarcely possible without entering into the most intricate problems of dream-analysis. But I would not break off this discussion without indicating the change and progress in our comprehension of the Unconscious which are due to our psycho-analytic study of dreams.

Unconsciousness seemed to us at first only an enigmatical characteristic of a definite psychical act. Now it means more for us. It is a sign that this act partakes of the nature of a certain psychical category known to us by other and more important characters[1] and that it belongs to a system of psychical activity which is deserving of our fullest attention. The index-value of the unconscious has far outgrown its importance as a property. The system revealed by the sign that the single acts forming parts of it are unconscious we designate by the name 'The Unconscious', for want of a better and less ambiguous term. In German, I propose to denote this system by the letters *Ubw*, an abbreviation of the German word 'Unbewusst'.[2] And this is the third and most significant sense which the term 'unconscious' has acquired in psycho-analysis.

[1] [This was altered to 'features' in the 1925 English version.]

[2] [The equivalent English abbreviation is, of course, '*Ucs*']

AN EVIDENTIAL DREAM

(1913)

EIN TRAUM ALS BEWEISMITTEL

(*a*) GERMAN EDITIONS:

1913 *Int. Z. Psychoanal.*, **1** (1), 73–8.
1918 *S.K.S.N.*, **4**, 177–188. (1922, 2nd ed.)
1925 *G.S.*, **3**, 267–77.
1925 *Traumlehre*, 11–21.
1931 *Sexualtheorie und Traumlehre*, 316–26.
1946 *G.W.*, **10**, 12–22.

(*b*) ENGLISH TRANSLATION:

'A Dream which Bore Testimony'

1924 *C.P.*, **2**, 133–43. (Tr. E. Glover.)

The present translation is based on that published in 1924.

On its first appearance in the *Zeitschrift* (early in 1913) this paper was the first of several by various authors included under a general caption 'Beiträge zur Traumdeutung' ('Contributions to Dream-Interpretation').

The paper presents the peculiarity of being a dream-analysis at second hand. Apart from this, it is noteworthy for containing a remarkably clear account of the part played by the latent dream-thoughts in the formation of dreams and for its insistence on the necessity for keeping in mind the distinction between the dream-thoughts and the dream itself.

AN EVIDENTIAL DREAM

A LADY suffering from doubting mania and obsessive ceremonials insisted that her nurses should never let her out of their sight for a single moment: otherwise she would begin to brood about forbidden actions that she might have committed while she was not being watched. One evening, while she was resting on the sofa, she thought she saw that the nurse on duty had fallen asleep. She called out: 'Did you see me?' The nurse started up and replied: 'Of course I did.' This gave the patient grounds for a fresh doubt, and after a time she repeated her question, which the nurse met with renewed protestations; just at that moment another attendant came in bringing the patient's supper.

This incident occurred one Friday evening. Next morning the nurse recounted a dream which had the effect of dispelling the patient's doubts.

DREAM. *Someone had entrusted a child to her. Its mother had left home, and she* [the dreamer] *had lost it. As she went along, she enquired from the people in the street whether they had seen the child. Then she came to a large expanse of water and crossed a narrow footbridge.* (There was an addendum. *Suddenly there appeared before her on the footbridge, like a 'fata Morgana', the figure of another nurse.*) *Then she found herself in a familiar place, where she met a woman whom she had known as a girl and who had in those days been a saleswoman in a provision shop and later had got married. She asked the woman, who was standing in front of her door: 'Did you see the child?' The woman paid no attention to the question but informed her that she was now divorced from her husband, adding that marriage is not always happy either. She woke up feeling reassured and thought that the child would turn up all right in a neighbour's house.*

ANALYSIS. The patient assumed that this dream referred to the falling asleep which the nurse had denied. From additional information volunteered by the latter, she was able to interpret the dream in a fashion which, although incomplete in some respects, was sufficient for all practical purposes. I myself heard only the lady's report and did not interview the nurse. I shall first quote the patient's interpretation, and then supplement it

with whatever our general understanding of the laws governing dream-formation allows us to add.

'The nurse told me that the child in the dream reminded her of a case the nursing of which had given her the most lively satisfaction. It was that of a child who was unable to see on account of inflammation of the eyes (blennorrhoea). The mother, however, did not leave home: she helped to nurse the child. On the other hand I remember too that when my husband, who thinks highly of this nurse, went away, he left me in her care and she promised to look after me as she would after a child.'

Furthermore, we know from the patient's analysis that by insisting on never being let out of sight she had put herself back in the position of being a child once more.

'Her having lost the child', continued the patient, 'signified that she had not seen me, she had lost sight of me. This was her admission that she had actually gone to sleep for a time and had not told me the truth afterwards.'

She was in the dark about the meaning of the small piece of the dream in which the nurse enquired from the people in the street whether they had seen the child; on the other hand, she was able to elucidate the later details of the manifest dream.

'The large expanse of water made the nurse think of the Rhine; she added, however, that it was much larger than the Rhine. Then she remembered that on the previous evening I had read her the story of Jonah and the whale, and had told her that I myself once saw a whale in the English Channel. I fancy that the large expanse of water was the sea and was an allusion to the story of Jonah.

'I think, too, the narrow footbridge came from the same story, which was amusingly written in dialect. The anecdote related how a religious instructor described to his pupils the wonderful adventures of Jonah; whereupon a boy objected that it could not be true, since the teacher himself had told them before that whales could swallow only the smallest creatures owing to the narrowness of their gullets. The teacher got out of the difficulty by saying that Jonah was a Jew, and that Jews would squeeze in anywhere. My nurse is very pious but inclined to religious doubts, and I reproached myself in case what I had read to her might have stirred them up.

'On this narrow footbridge she now saw the apparition of another nurse, whom she knew. She told me the story of this

nurse: she had drowned herself in the Rhine because she had been discharged from a case owing to something she had been guilty of.[1] She herself had feared, therefore, that she would be discharged for having fallen asleep. Moreover, on the day following the incident and after relating the dream, the nurse cried bitterly, and when I asked her why, replied quite rudely: "You know why as well as I do; and now you won't trust me any more!" '

Since the apparition of the drowned nurse was an addendum and an especially distinct one, we would have advised the lady to begin her dream-interpretation at that point.[2] According to the dreamer's report, too, this first half of her dream was accompanied by acute anxiety; the second part paved the way for the feeling of reassurance with which she awoke.

'I regard the next part of the dream', said the lady, continuing her analysis, 'as certain corroboration of my view that the dream had to do with what happened on Friday evening, for the person who had formerly been a saleswoman in a provision shop can only have referred to the attendant who brought in the supper on that occasion. I noticed, too, that the nurse had complained of nausea all day long. The question she put to this woman: "Did you see the child?" is obviously traceable to my question: "Did you see me?" which I had put to her for the second time just as the attendant came in with the dishes.'

In the dream, too, enquiry after the child was made on two

[1] At this point I have been guilty of making a condensation of the material, which I have been able to put right after going through my draft with the lady who told me the story. The nurse who met the dreamer as an apparition on the footbridge had not been guilty of anything in her nursing. She was discharged because the child's mother, who had to leave home at the time, wanted to leave her child in charge of an older attendant — thus in point of fact a more trustworthy one. This was followed by a second story about another nurse who had actually been discharged on account of neglect, but who did not on that account drown herself. The material necessary for the interpretation of the dream-element came, as is so often the way, from two sources. My memory carried out the synthesis that led to the interpretation. For the rest, this story of the drowned nurse contains the factor of the mother leaving home, which the lady connected with the departure of her husband. We thus have here an overdetermination which detracts somewhat from the elegance of the interpretation.

[2] [See *The Interpretation of Dreams* (1900*a*), *Standard Ed.*, 5, 518–19.]

occasions. The fact that the woman did not reply paid no attention we may regard as a depreciation of this other attendant made in the dreamer's favour: she represented herself in the dream as being superior to the other woman, precisely because she herself had to face reproaches on account of her own lack of attention.

'The woman who appeared in the dream was not in actual fact divorced from her husband. The situation was taken from an incident in the life of the other attendant, who had been separated—"divorced" from a man by her parents' command. The remark that "marriage does not always run smoothly either" was probably a consolation used in the course of conversation between the two women. This consolation prefigured another, with which the dream ended: "The child will turn up all right."

'I concluded from this dream that on the evening in question the nurse really did fall asleep and that she was afraid of being dismissed on that account. Because of this I no longer felt any doubt about the correctness of my observation. Incidentally, after relating the dream, she added that she was very sorry she had not got a dream-book with her. To my comment that such books were full of the most ignorant superstitions, she replied that, although she was not at all superstitious, still all the unpleasant happenings of her life had taken place on a Friday. I must add that at the present time her treatment of me is not at all satisfactory, and she is touchy and irritable and makes scenes about nothing.'

I think we must credit the lady with having correctly interpreted and evaluated her nurse's dream. As so often happens with dream-interpretation during analysis, the translation of the dream does not depend solely on the products of association, but we have also to take into account the circumstances of its narration, the behaviour of the dreamer before and after the analysis of the dream,[1] as well as every remark or disclosure made by the dreamer at about the same time during the same analytic session. If we take into consideration the nurse's touchiness, her attitude to unlucky Fridays, etc., we shall confirm the conclusion that the dream contained an admission that, in spite of her denial, she had actually dozed off,

[1] [Cf., for an extreme instance, *Standard Ed.*, **18**, 164–5.]

and was afraid she would be sent away from the 'child' in her care.[1]

While, however, for the lady who reported it to me this dream had practical significance, for us it stimulates theoretical interest in two directions. It is true that it ended in a consolation, but in the main it represented an important *admission* in regard to the nurse's relation to her patient How does it come about that a dream, which is supposed, after all, to serve as the fulfilment of a wish, could take the place of an admission which was not even of any advantage to the dreamer? Must we really concede that in addition to wishful (and anxiety) dreams, there are also dreams of admission, as well as of warning, reflection, adaptation, and so on?

I must confess that I still do not quite understand why the stand I took against any such temptation in my *Interpretation of Dreams* has given rise to misgivings in the minds of so many psycho-analysts, among them some well-known ones. It seems to me that the differentiation between dreams of wishing, admission, warning, adaptation, and so on, has not much more sense than the differentiation, which is accepted perforce, of medical specialists into gynaecologists, paediatricians, and dentists. Let me recapitulate here as briefly as possible what I have said on this question in my *Interpretation of Dreams*.[2]

The so-called 'day's residues' can act as disturbers of sleep and constructors of dreams; they are affectively cathected thought-processes from the dream-day, which have resisted the general lowering [of energy] through sleep. These day's residues are uncovered by tracing back the manifest dream to the latent dream-thoughts, they constitute portions of the latter and are thus among the activities of waking life—whether conscious or unconscious[3]—which have been able to persist into the period of sleep. In accordance with the multiplicity of thought-processes in the conscious and preconscious, these day's residues have the most numerous and varied meanings: they may be wishes or fears that have not been disposed of, or intentions,

[1] A few days later, indeed, the nurse confessed to a third person that she had fallen asleep that evening, and thus confirmed the lady's interpretation.

[2] *Standard Ed.*, 5, 560–2.

[3] [In the 1913 edition only, this read 'preconscious'.]

reflections, warnings, attempts at adaptation to current tasks, and so on. To this extent the classification of dreams that is under consideration seems to be justified by the content which is uncovered by interpretation. These day's residues, however, are not the dream itself: they lack the main essential of a dream. Of themselves they are not able to construct a dream. They are, strictly speaking, only the psychical material for the dream-work, just as sensory and somatic stimuli, whether accidental or produced under experimental conditions, constitute the *somatic* material for the dream-work. To attribute to them the main part in the construction of dreams is simply to repeat at a new point the pre-analytic error which explained dreams by referring them to bad digestion or to pressure on the skin. Scientific errors, indeed, are tenacious of life, and even when they have been refuted are ready to creep in again under new disguises.

The present state of our knowledge leads us to conclude that the essential factor in the construction of dreams is an unconscious wish—as a rule an infantile wish, now repressed—which can come to expression in this somatic or psychical material (in the day's residues too, therefore) and can thus supply these with a[1] force which enables them to press their way through to consciousness even during the suspension of thought at night. The dream is in every case a fulfilment of *this* unconscious wish, whatever else it may contain—warning, reflection, admission, or any other part of the rich content of preconscious waking life that has persisted undealt-with into the night. It is *this* unconscious wish that gives the dream-work its peculiar character as an unconscious revision of preconscious material. A psychoanalyst can characterize as dreams only the products of the dream-work: in spite of the fact that the latent dream-thoughts are only arrived at from the interpretation of the dream, he cannot reckon them as part of the dream, but only as part of preconscious reflection.[2] (Secondary revision by the conscious agency is here reckoned as part of the dream-work. Even if one were to separate it, this would not involve any alteration in our

[1] ['*Eine*'. In 1913 only, '*seine*', 'its'.]

[2] [The importance of distinguishing between dreams and latent dream-thoughts was insisted upon by Freud in several places, e.g. in the 'History of the Psycho-Analytic Movement' (1914*d*), *Standard Ed.*, **14**, 57 and 64–5, and in a footnote added in 1925 to *The Interpretation of Dreams*, ibid., **5**, 506–7.]

conception. We should then have to say: dreams in the analytic sense comprise the dream-work proper together with the secondary revision of its products.)[1] The conclusion to be drawn from these considerations is that one cannot put the wish-fulfilling character of dreams on a par with their character as warnings, admissions, attempts at solution, etc., without denying the concept of a psychical dimension of depth—that is to say, without denying the standpoint of psycho-analysis.[2]

Let us now go back to the nurse's dream, in order to demonstrate the quality of depth in the wish-fulfilment contained in it. We already know that the lady's interpretation of the dream was by no means complete, there were portions of it to which she was unable to do justice. Moreover she suffered from an obsessional neurosis, a condition which, from what I have observed, makes it considerably harder to understand dream-symbols, just as dementia praecox makes it easier.[3]

Nevertheless, our knowledge of dream-symbolism enables us to understand uninterpreted portions of this dream and to discover a deeper significance behind the interpretations already given. We cannot but notice that some of the material employed by the nurse came from the complex of giving birth, of having children. The expanse of water (the Rhine, the Channel where the whale was seen) was certainly the water out of which children come. And then, too, she came to the water in search of a child. The Jonah legend, which was a factor lying behind the determination of this water, the question how Jonah (the child) could get through such a narrow passage, belongs to the same complex. And the nurse who threw herself into the Rhine out of mortification found a sexual-symbolic consolation for her despair of life in the mode of her death—by going into water. The narrow footbridge on which the apparition met her was in

[1] [Freud often spoke of secondary revision as part of the dream-work (e.g. in *The Interpretation of Dreams*, *Standard Ed.*, 5, 490). But in an article on 'Psycho-Analysis' contributed to Marcuse's *Handwörterbuch* (1923*a*) he stated categorically that 'strictly speaking' it 'does not form a part of the dream-work' (ibid., 18, 241).]

[2] [See the long discussion of this in Lecture XIV of the *Introductory Lectures* (1916–17).]

[3] [Cf. a remark on this point added in 1925 to *The Interpretation of Dreams* (1900*a*), Chapter VI, Section E, *Standard Ed.*, 5, 351.]

all probability also a genital symbol, although I must admit that here we lack as yet more precise knowledge.[1]

The wish 'I want to have a child' seems therefore to have been the dream-constructor from the unconscious; no other would have been better calculated to console the nurse for the distressing state of affairs in real life 'I shall be discharged: I shall lose the child in my care. What does it matter? I shall get a real child of my own instead.' The uninterpreted portion of the dream in which she questioned everyone in the street about the child may perhaps belong here; the interpretation would then run: 'And even if I have to offer myself on the streets I know how to get a child for myself.' A strain of defiance in the dreamer, hitherto disguised, suddenly declares itself at this point. Her admission fits in here for the first time: 'I have shut my eyes and compromised my professional reputation for conscientiousness; now I shall lose my place. Shall I be such a fool as to drown myself like Nurse X? Not I: I'll give up nursing altogether and get married; I'll be a woman and have a real child; nothing shall prevent me.' This interpretation is justified by the consideration that 'having children' is really the infantile expression of a wish for sexual intercourse: indeed it can be chosen in consciousness as a euphemistic expression of this objectionable wish.

Thus the dreamer's disadvantageous admission, to which she showed some inclination even in waking life, was made possible in the dream by being employed by a latent character-trait of hers [the 'strain of defiance'], for the purpose of bringing about the fulfilment of an infantile wish. We may surmise that this trait had a close connection in regard both to time and to content with the wish for a child and for sexual enjoyment.

Subsequent enquiry from the lady to whom I owe the first part of this interpretation afforded some unexpected information about the nurse's previous life. Before she took up nursing she had wanted to marry a man who had been keenly interested in her; but she had abandoned the projected marriage on account of the opposition of an aunt, towards whom her rela-

[1] [Several examples showing the symbolic connection between water and birth were added to *The Interpretation of Dreams* from 1909 onwards See *Standard Ed.*, **5**, 399 ff. There is a short discussion of the symbolism of bridges towards the end of Lecture XXIX of the *New Introductory Lectures* (1933*a*).]

tions were a curious mixture of dependence and defiance. This aunt who prevented the marriage was the Superior of a nursing Order. The dreamer always regarded her as her pattern. She had expectations of an inheritance from her and was tied to her for that reason. Nevertheless, she opposed her aunt by not entering the Order as that lady had planned. The defiance shown in the dream was therefore directed against the aunt. We have ascribed an anal-erotic origin to this character-trait,[1] and may take into consideration that the interests which made her dependent on her aunt were of a financial nature; we are also reminded that children favour the anal theory of birth.[2]

This factor of infantile defiance may perhaps allow us to assume a closer relation between the first and last scenes in the dream. The former saleswoman in a provision shop represents in the dream the attendant who brought the lady's supper into the room just when she was asking the question 'Did you see me?' It appears, however, that she was cast for the role of hostile rival in general. The dreamer disparaged her capacities as a nurse by making her take not the slightest interest in the lost child, but deal only with her own private affairs in her answer. She had thus displaced on to this figure the indifference about the child in her care which she was beginning to feel. The unhappy marriage and divorce which she herself must have dreaded in her most secret wishes were attributed to the other woman. We know, however, that it was the aunt who had separated the dreamer from her fiancé. Hence the 'provision saleswoman' (a figure not necessarily without an infantile symbolic significance) may represent the aunt-Superior, who was in fact not much older than the dreamer and who had played the traditional part of mother-rival in her life. A satisfactory confirmation of this interpretation is to be found in the fact that the 'familiar' place where she came upon this person standing in front of her door was precisely the place where her aunt resided as a Superior.

Owing to the lack of contact between the analyst and the person under analysis, it is scarcely advisable to penetrate deeper into the structure of the dream. But we may perhaps say that so far as it was accessible to interpretation it has provided us with plenty of confirmations as well as with plenty of new problems.

[1] [See 'Character and Anal Erotism' (1908*b*).]

[2] [See 'On the Sexual Theories of Children' (1908*c*).]

THE OCCURRENCE IN DREAMS OF MATERIAL FROM FAIRY TALES

(1913)

MÄRCHENSTOFFE IN TRÄUMEN

(*a*) GERMAN EDITIONS:

1913 *Int. Z. Psychoanal.*, **1** (2), 147–51.
1918 *S.K.S.N.*, **4**, 168–76. (1922, 2nd ed.)
1925 *G.S.*, **3**, 259–66.
1925 *Traumlehre*, 3–10.
1931 *Sexualtheorie und Traumlehre*, 308–15.
1946 *G.W.*, **10**, 2–9.

(*b*) ENGLISH TRANSLATION:

'The Occurrence in Dreams of Material from Fairy Tales'

1925 *C.P.*, **4**, 236–43. (Tr. James Strachey.)

The present translation is a slightly amended reprint of that published in 1925.

The second of the two examples reported in this paper was derived from the analysis of the case of the 'Wolf Man', who was still under treatment with Freud at the time of its publication. The whole of this part of the paper was included verbatim in the case history, which was written in 1914 but only published four years later—'From the History of an Infantile Neurosis' (1918*b*). The analysis of the dream is there carried much further (*Standard Ed.*, **17**, 29 ff.).

THE OCCURRENCE IN DREAMS OF MATERIAL FROM FAIRY TALES

It is not surprising to find that psycho-analysis confirms our recognition of the important place which folk fairy tales have acquired in the mental life of our children. In a few people a recollection of their favourite fairy tales takes the place of memories of their own childhood, they have made the fairy tales into screen memories.

Elements and situations derived from fairy tales are also frequently to be found in dreams. In interpreting the passages in question the patient will produce the significant fairy tale as an association. In the present paper I shall give two instances of this very common occurrence. But it will not be possible to do more than hint at the relations between the fairy tales and the history of the dreamer's childhood and his neurosis, though this limitation will involve the risk of breaking links which were of the utmost importance to the analyst.

I

Here is a dream of a young married woman who had had a visit from her husband a few days before: *She was in a room that was entirely brown. A little door led to the top of a steep staircase, and up this staircase there came into the room a curious manikin – small, with white hair, a bald top to his head and a red nose. He danced round the room in front of her, carried on in the funniest way, and then went down the staircase again. He was dressed in a grey garment, through which every part of his figure was visible.* (A correction was made subsequently: *He was wearing a long black coat and grey trousers.*)

The analysis was as follows. The description of the manikin's personal appearance fitted the dreamer's father-in-law without any alteration being necessary.[1] Immediately afterwards, however, she thought of the story of 'Rumpelstiltskin',[2] who danced around in the same funny way as the man in the dream and in so doing betrayed his name to the queen; but by that he lost his

[1] Except for the detail that the manikin had his hair cut short, whereas her father-in-law wore his long.

[2] ['Rumpelstiltzchen.' Grimm, 1918, **1**, 250 (No. 55).]

claim to the queen's first child, and in his fury tore himself in two.[1]

On the day before she had the dream she herself had been just as furious with her husband and had exclaimed: 'I could tear him in two.'

The brown room at first gave rise to difficulties. All that occurred to her was her parents' dining-room, which was panelled in that colour—in brown wood. She then told some stories of beds which were so uncomfortable for two people to sleep in. A few days before, when the subject of conversation had been beds in other countries, she had said something very *mal à propos*—quite innocently, as she maintained—and everyone in the room had roared with laughter.

The dream was now already intelligible. The brown wood room[2] was in the first place a bed, and through the connection with the dining room it was a marriage bed.[3] She was therefore in her marriage bed. Her visitor should have been her young husband, who, after an absence of several months, had visited her to play his part in the double bed. But to begin with it was her husband's father, her father-in-law.

Behind this first interpretation we have a glimpse of deeper and purely sexual material. Here the room was the vagina. (The room was in her—this was reversed in the dream.) The little man who made grimaces and behaved so funnily was the penis. The narrow door and the steep stairs confirmed the view that the situation was a representation of intercourse. As a rule we are accustomed to find the penis symbolized by a child; but we shall find there was good reason for a father being introduced to represent the penis in this instance.

The solution of the remaining portion of the dream will entirely confirm us in this interpretation. The dreamer herself explained the transparent grey garment as a condom. We may gather that considerations of preventing conception and worries whether this visit of her husband's might not have sown the seed

[1] [This, the climax of the story, is usually suppressed or softened in English translations.]

[2] Wood, as is well known, is frequently a female or maternal symbol. e.g. *materia*, *Madeira*, etc. [Cf. *The Interpretation of Dreams* (1900*a*), *Standard Ed.*, **5**, 355.]

[3] For bed and board stand for marriage. [Cf. the law-Latin phrase for a legal separation: '*separatio a mensa et toro*' ('separation from table and bed').]

of a second child were among the instigating causes of the dream.

The black coat. Coats of that kind suited her husband admirably. She wanted to persuade him always to wear them, instead of his usual clothes. Dressed in the black coat, therefore, her husband was as she liked to see him. *The black coat and the grey trousers.* At two different levels, one above the other, this had the same meaning: 'I should like you to be dressed like that. I like you like that.'

Rumpelstiltskin was connected with the contemporary thoughts underlying the dream—the day's residues—by a neat antithetic relation. In the fairy tale he comes in order to take away the queen's first child. In the dream the little man comes in the shape of a father, because he had presumably brought a second child. But Rumpelstiltskin also gave access to the deeper, infantile stratum of the dream-thoughts. The droll little fellow, whose very name is unknown, whose secret is so eagerly canvassed, who can perform such extraordinary tricks—in the fairy tale he turns straw into gold—the fury against him, or rather against his possessor, who is envied for possessing him—the girl's envy for the penis—all of these were elements whose relation to the foundations of the patient's neurosis can, as I have said, barely be touched upon in this paper. The short-cut hair of the manikin in the dream was no doubt also connected with the subject of castration.

If we carefully observe from clear instances the way in which dreamers use fairy tales and the point at which they bring them in, we may perhaps also succeed in picking up some hints which will help in interpreting remaining obscurities in the fairy tales themselves.

II

A young man[1] told me the following dream. He had a chronological basis for his early memories in the circumstance that his parents moved from one country estate to another just before he was five years old; the dream, which he said was his earliest one, occurred while he was still upon the first estate.

'I dreamt that it was night and that I was lying in my bed. (My bed stood with its foot towards the window: in front of the window there was

[1] [The 'Wolf Man'. See Editor's Note, p. 280.]

a row of old walnut trees. I know it was winter when I had the dream, and night-time.) Suddenly the window opened of its own accord, and I was terrified to see that some white wolves were sitting on the big walnut tree in front of the window. There were six or seven of them. The wolves were quite white, and looked more like foxes or sheep-dogs, for they had big tails like foxes and they had their ears pricked like dogs when they pay attention to something. In great terror, evidently of being eaten up by the wolves, I screamed and woke up. My nurse hurried to my bed, to see what had happened to me. It took quite a long while before I was convinced that it had only been a dream; I had had such a clear and life-like picture of the window opening and the wolves sitting on the tree. At last I grew quieter, felt as though I had escaped from some danger, and went to sleep again.

'The only piece of action in the dream was the opening of the window; for the wolves sat quite still and without making any movement on the branches of the tree, to the right and left of the trunk, and looked at me. It seemed as though they had riveted their whole attention upon me.—I think this was my first anxiety-dream. I was three, four, or at most five years old at the time. From then until my eleventh or twelfth year I was always afraid of seeing something terrible in my dreams.'

He added a drawing of the tree with the wolves, which confirmed his description.[1] The analysis of the dream brought the following material to light.

He had always connected this dream with the recollection that during these years of his childhood he was most tremendously afraid of the picture of a wolf in a book of fairy tales. His elder sister, who was very much his superior, used to tease him by holding up this particular picture in front of him on some excuse or other, so that he was terrified and began to scream. In this picture the wolf was standing upright, striding out with one foot, with its claws stretched out and its ears pricked. He thought this picture must have been an illustration to the story of 'Little Red Riding-Hood'.[2]

Why were the wolves white? This made him think of the sheep, large flocks of which were kept in the neighbourhood of the estate. His father occasionally took him with him to visit these flocks, and every time this happened he felt very proud

[1] [This drawing is reproduced in *Standard Ed.*, 17, 30.]

[2] ['Rotkäpchen.' Grimm, 1918, 1, 125. (No. 26.)]

and blissful. Later on—according to enquiries that were made it may easily have been shortly before the time of the dream—an epidemic broke out among the sheep. His father sent for a follower of Pasteur's, who inoculated the animals, but after the inoculation even more of them died than before.

How did the wolves come to be on the tree? This reminded him of a story that he had heard his grandfather tell. He could not remember whether it was before or after the dream, but its subject is a decisive argument in favour of the former view. The story ran as follows. A tailor was sitting at work in his room, when the window opened and a wolf leapt in. The tailor hit after him with his yard—no (he corrected himself), caught him by his tail and pulled it off, so that the wolf ran away in terror. Some time later the tailor went into the forest, and suddenly saw a pack of wolves coming towards him, so he climbed up a tree to escape from them. At first the wolves were in perplexity; but the maimed one, which was among them and wanted to revenge himself on the tailor, proposed that they should climb one upon another till the last one could reach him. He himself—he was a vigorous old fellow—would be the base of the pyramid. The wolves did as he suggested, but the tailor had recognized the visitor whom he had punished, and suddenly called out as he had before: 'Catch the grey one by his tail!' The tailless wolf, terrified by the recollection, ran away, and all the others tumbled down.

In this story the tree appears upon which the wolves were sitting in the dream. But it also contains an unmistakable allusion to the castration complex. The *old* wolf was docked of his tail by the tailor. The fox-tails of the wolves in the dream were probably compensations for this taillessness.

Why were there six or seven wolves? There seemed to be no answer to this question, until I raised a doubt whether the picture that had frightened him could be connected with the story of 'Little Red Riding-Hood'. This fairy tale only offers an opportunity for two illustrations—Little Red Riding-Hood's meeting with the wolf in the wood, and the scene in which the wolf lies in bed in the grandmother's night-cap. There must therefore be some other fairy tale behind his recollection of the picture. He soon discovered that it could only be the story of 'The Wolf and the Seven Little Goats'.[1] Here the number seven

[1] ['Der Wolf und die sieben Geisslein.' Grimm, 1918, 1, 23 (No. 5).]

occurs, and also the number six, for the wolf only ate up six of the little goats, while the seventh hid itself in the clock-case. The white, too, comes into this story, for the wolf had his paw made white at the baker's after the little goats had recognized him on his first visit by his grey paw. Moreover, the two fairy tales have much in common. In both there is the eating up, the cutting open of the belly, the taking out of the people who have been eaten and their replacement by heavy stones, and finally in both of them the wicked wolf perishes. Besides all this, in the story of the little goats the tree appears. The wolf lay down under a tree after his meal and snored.

I shall have, for a special reason, to deal with this dream again elsewhere, and interpret it and consider its significance in greater detail. For it is the earliest anxiety-dream that the dreamer remembered from his childhood, and its content, taken in connection with other dreams that followed it soon afterwards and with certain events in his earliest years, is of quite peculiar interest. We must confine ourselves here to the relation of the dream to the two fairy tales which have so much in common with each other, 'Little Red Riding-Hood' and 'The Wolf and the Seven Little Goats'. The effect produced by these stories was shown in the little dreamer by a regular animal phobia. This phobia was only distinguished from other similar cases by the fact that the anxiety-animal was not an object easily accessible to observation (such as a horse or a dog), but was known to him only from stories and picture books.

I shall discuss on another occasion the explanation of these animal phobias and the significance attaching to them.[1] I will only remark in anticipation that this explanation is in complete harmony with the principal characteristic shown by the neurosis from which the present dreamer suffered later in his life. His fear of his father was the strongest motive for his falling ill, and his ambivalent attitude towards every father-surrogate was the dominating feature of his life as well as of his behaviour during the treatment.

If in my patient's case the wolf was merely a first father-surrogate, the question arises whether the hidden content in the fairy tales of the wolf that ate up the little goats and of 'Little Red Riding-Hood' may not simply be infantile fear of the

[1] [This discussion will be found in the 'Wolf Man' case history (1918*b*).]

father.[1] Moreover, my patient's father had the characteristic, shown by so many people in relation to their children, of indulging in 'affectionate abuse'; and it is possible that during the patient's earlier years his father (though he grew severe later on) may more than once, as he caressed the little boy or played with him, have threatened in fun to 'gobble him up'. One of my patients told me that her two children could never get to be fond of their grandfather, because in the course of his affectionate romping with them he used to frighten them by saying he would cut open their tummies.

[1] Compare the similarity between these two fairy tales and the myth of Kronos, which has been pointed out by Rank (1912).

THE THEME OF THE THREE CASKETS
(1913)

DAS MOTIV DER KASTCHENWAHL

(*a*) GERMAN EDITIONS:

1913 *Imago*, **2** (3), 257–66.
1918 *S.K S N.*, **4**, 470 85 (1922, 2nd ed.)
1924 *G.S.*, **10**, 243 56.
1924 *Dichtung und Kunst*, 15 28.
1946 *G.W.*, **10**, 24–37.

(*b*) ENGLISH TRANSLATION:

'The Theme of the Three Caskets'

1925 *C.P.*, **4**, 244–56. (Tr. C. J. M. Hubback.)

The present translation is based on that of 1925.

Freud's correspondence (quoted in Jones, 1955, 405) shows that the underlying idea of this paper occurred to him in June, 1912, though the work was only published a year later.

THE THEME OF THE THREE CASKETS

I

Two scenes from Shakespeare, one from a comedy and the other from a tragedy, have lately given me occasion for posing and solving a small problem.

The first of these scenes is the suitors' choice between the three caskets in *The Merchant of Venice*. The fair and wise Portia is bound at her father's bidding to take as her husband only that one of her suitors who chooses the right casket from among the three before him. The three caskets are of gold, silver and lead: the right casket is the one that contains her portrait. Two suitors have already departed unsuccessful: they have chosen gold and silver. Bassanio, the third, decides in favour of lead; thereby he wins the bride, whose affection was already his before the trial of fortune. Each of the suitors gives reasons for his choice in a speech in which he praises the metal he prefers and depreciates the other two. The most difficult task thus falls to the share of the fortunate third suitor; what he finds to say in glorification of lead as against gold and silver is little and has a forced ring. If in psycho-analytic practice we were confronted with such a speech, we should suspect that there were concealed motives behind the unsatisfying reasons produced.

Shakespeare did not himself invent this oracle of the choice of a casket; he took it from a tale in the *Gesta Romanorum*,[1] in which a girl has to make the same choice to win the Emperor's son.[2] Here too the third metal, lead, is the bringer of fortune. It is not hard to guess that we have here an ancient theme, which requires to be interpreted, accounted for and traced back to its origin. A first conjecture as to the meaning of this choice between gold, silver and lead is quickly confirmed by a statement of Stucken's,[3] who has made a study of the same material over a wide field. He writes, 'The identity of Portia's three suitors is clear from their choice: the Prince of Morocco chooses

[1] [A mediaeval collection of stories of unknown authorship.]

[2] Brandes (1896).

[3] Stucken (1907 655).

the gold casket – he is the sun; the Prince of Arragon chooses the silver casket – he is the moon; Bassanio chooses the leaden casket – he is the star youth.' In support of this explanation he cites an episode from the Estonian folk-epic 'Kalewipoeg', in which the three suitors appear undisguisedly as the sun, moon and star youths (the last being 'the Pole-star's eldest boy') and once again the bride falls to the lot of the third.

Thus our little problem has led us to an astral myth! The only pity is that with this explanation we are not at the end of the matter. The question is not exhausted, for we do not share the belief of some investigators that myths were read in the heavens and brought down to earth; we are more inclined to judge with Otto Rank[1] that they were projected on to the heavens after having arisen elsewhere under purely human conditions. It is in this human content that our interest lies.

Let us look once more at our material. In the Estonian epic, just as in the tale from the *Gesta Romanorum*, the subject is a girl choosing between three suitors; in the scene from *The Merchant of Venice* the subject is apparently the same, but at the same time something appears in it that is in the nature of an inversion of the theme: a *man* chooses between three—caskets. If what we were concerned with were a dream, it would occur to us at once that caskets are also women, symbols of what is essential in woman, and therefore of a woman herself – like coffers, boxes, cases, baskets, and so on.[2] If we boldly assume that there are symbolic substitutions of the same kind in myths as well, then the casket scene in *The Merchant of Venice* really becomes the inversion we suspected. With a wave of the wand, as though we were in a fairy tale, we have stripped the astral garment from our theme; and now we see that the theme is a human one, *a man's choice between three women.*

This same content, however, is to be found in another scene of Shakespeare's, in one of his most powerfully moving dramas; not the choice of a bride this time, yet linked by many hidden similarities to the choice of the casket in *The Merchant of Venice*. The old King Lear resolves to divide his kingdom while he is still alive among his three daughters, in proportion to the amount of love that each of them expresses for him. The two elder ones, Goneril and Regan, exhaust themselves in assevera-

[1] Rank (1909, 8 ff.).

[2] [See *The Interpretation of Dreams* (1900a), *Standard Ed.*, 5, 354.]

tions and laudations of their love for him; the third, Cordelia, refuses to do so. He should have recognized the unassuming, speechless love of his third daughter and rewarded it, but he does not recognize it. He disowns Cordelia, and divides the kingdom between the other two, to his own and the general ruin. Is not this once more the scene of a choice between three women, of whom the youngest is the best, the most excellent one?

There will at once occur to us other scenes from myths, fairy tales and literature, with the same situation as their content. The shepherd Paris has to choose between three goddesses, of whom he declares the third to be the most beautiful. Cinderella, again, is a youngest daughter, who is preferred by the prince to her two elder sisters. Psyche, in Apuleius's story, is the youngest and fairest of three sisters. Psyche is, on the one hand, revered as Aphrodite in human form; on the other, she is treated by that goddess as Cinderella was treated by her stepmother and is set the task of sorting a heap of mixed seeds, which she accomplishes with the help of small creatures (doves in the case of Cinderella, ants in the case of Psyche).[1] Anyone who cared to make a wider survey of the material would undoubtedly discover other versions of the same theme preserving the same essential features.

Let us be content with Cordelia, Aphrodite, Cinderella and Psyche. In all the stories the three women, of whom the third is the most excellent one, must surely be regarded as in some way alike if they are represented as sisters. (We must not be led astray by the fact that Lear's choice is between three *daughters*; this may mean nothing more than that he has to be represented as an old man. An old man cannot very well choose between three women in any other way. Thus they become his daughters.)

But who are these three sisters and why must the choice fall on the third? If we could answer this question, we should be in possession of the interpretation we are seeking. We have once already made use of an application of psycho-analytic technique, when we explained the three caskets symbolically as three women. If we have the courage to proceed in the same way, we

[1] I have to thank Dr. Otto Rank for calling my attention to these similarities. [Cf. a reference to this in Chapter XII of *Group Psychology* (1921c), *Standard Ed.*, **18**, 136.]

shall be setting foot on a path which will lead us first to something unexpected and incomprehensible, but which will perhaps, by a devious route, bring us to a goal.

It must strike us that this excellent third woman has in several instances certain peculiar qualities besides her beauty. They are qualities that seem to be tending towards some kind of unity, we must certainly not expect to find them equally well marked in every example. Cordelia makes herself unrecognizable, inconspicuous like lead, she remains dumb, she 'loves and is silent'.[1] Cinderella hides so that she cannot be found. We may perhaps be allowed to equate concealment and dumbness. These would of course be only two instances out of the five we have picked out. But there is an intimation of the same thing to be found, curiously enough, in two other cases. We have decided to compare Cordelia, with her obstinate refusal, to lead. In Bassanio's short speech while he is choosing the casket, he says of lead (without in any way leading up to the remark):

'Thy paleness[2] moves me more than eloquence.'

That is to say: 'Thy plainness moves me more than the blatant nature of the other two.' Gold and silver are 'loud'; lead is dumb — in fact like Cordelia, who 'loves and is silent'.[3]

In the ancient Greek accounts of the Judgement of Paris, nothing is said of any such reticence on the part of Aphrodite. Each of the three goddesses speaks to the youth and tries to win him by promises. But, oddly enough, in a quite modern handling of the same scene this characteristic of the third one which has struck us makes its appearance again. In the libretto of Offenbach's *La Belle Hélène*, Paris, after telling of the solicitations of the other two goddesses, describes Aphrodite's behaviour in this competition for the beauty-prize:

La troisième, ah! la troisième . . .
La troisième ne dit rien.
Elle eut le prix tout de même . . .[4]

[1] [From an aside of Cordelia's, Act I, Scene 1.]

[2] 'Plainness' according to another reading

[3] In Schlegel's translation this allusion is quite lost, indeed, it is given the opposite meaning: 'Dein schlichtes Wesen spricht beredt mich an.' ['Thy plainness speaks to me with eloquence.']

[4] [Literally 'The third one, ah! the third one . . . the third one said nothing. She won the prize all the same.' The quotation is from Act I, Scene 7, of Meilhac and Halévy's libretto. In the German version used by Freud 'the third one' '*blieb stumm*' — 'remained dumb'.]

If we decide to regard the peculiarities of our 'third one' as concentrated in her 'dumbness', then psycho-analysis will tell us that in dreams dumbness is a common representation of death.[1]

More than ten years ago a highly intelligent man told me a dream which he wanted to use as evidence of the telepathic nature of dreams. In it he saw an absent friend from whom he had received no news for a very long time, and reproached him energetically for his silence. The friend made no reply. It afterwards turned out that he had met his death by suicide at about the time of the dream. Let us leave the problem of telepathy on one side:[2] there seems, however, not to be any doubt that here the dumbness in the dream represented death. Hiding and being unfindable—a thing which confronts the prince in the fairly tale of Cinderella three times, is another unmistakable symbol of death in dreams, so, too, is a marked pallor, of which the 'paleness' of the lead in one reading of Shakespeare's text is a reminder.[3] It would be very much easier for us to transpose these interpretations from the language of dreams to the mode of expression used in the myth that is now under consideration if we could make it seem probable that dumbness must be interpreted as a sign of being dead in productions other than dreams.

At this point I will single out the ninth story in Grimm's *Fairy Tales*, which bears the title 'The Twelve Brothers'.[4] A king and a queen have twelve children, all boys. The king declares that if the thirteenth child is a girl, the boys will have to die. In expectation of her birth he has twelve coffins made. With their mother's help the twelve sons take refuge in a hidden wood, and swear death to any girl they may meet. A girl is born, grows up, and learns one day from her mother that she has had twelve brothers. She decides to seek them out, and in the wood she finds the youngest; he recognizes her, but is anxious to hide her on account of the brothers' oath. The sister says: 'I will gladly die, if by so doing I can save my twelve brothers.' The brothers welcome her affectionately, however, and she stays with them and looks after their house for them. In a little garden

[1] In Stekel's *Sprache des Traumes*, too, dumbness is mentioned among the 'death' symbols (1911*a*, 371). [Cf. *The Interpretation of Dreams* (1900*a*), *Standard Ed.*, 5, 357.]

[2] [Cf. Freud's later paper on 'Dreams and Telepathy' (1922*a*).]

[3] Stekel (1911*a*), loc. cit.

[4] ['Die zwölf Brüder.' Grimm, 1918, 1, 42.]

beside the house grow twelve lilies. The girl picks them and gives one to each brother. At that moment the brothers are changed into ravens, and disappear, together with the house and garden. Ravens are spirit-birds; the killing of the twelve brothers by their sister is represented by the picking of the flowers, just as it is at the beginning of the story by the coffins and the disappearance of the brothers. The girl, who is once more ready to save her brothers from death, is now told that as a condition she must be dumb for seven years, and not speak a single word. She submits to the test, which brings her herself into mortal danger. She herself, that is, dies for her brothers, as she promised to do before she met them. By remaining dumb she succeeds at last in setting the ravens free.

In the story of 'The Six Swans'[1] the brothers who are changed into birds are set free in exactly the same way: they are restored to life by their sister's dumbness. The girl has made a firm resolve to free her brothers, 'even if it should cost her her life'; and once again (being the wife of the king) she risks her own life because she refuses to give up her dumbness in order to defend herself against evil accusations.

It would certainly be possible to collect further evidence from fairy tales that dumbness is to be understood as representing death. These indications would lead us to conclude that the third one of the sisters between whom the choice is made is a dead woman. But she may be something else as well—namely, Death itself, the Goddess of Death. Thanks to a displacement that is far from infrequent, the qualities that a deity imparts to men are ascribed to the deity himself. Such a displacement will surprise us least of all in relation to the Goddess of Death, since in modern versions and representations, which these stories would thus be forestalling, Death itself is nothing other than a dead man.

But if the third of the sisters is the Goddess of Death, the sisters are known to us. They are the Fates, the Moerae, the Parcae or the Norns, the third of whom is called Atropos, the inexorable.

II

We will for the time being put aside the task of inserting the interpretation that we have found into our myth, and listen to

[1] ['Die sechs Schwäne' Grimm, 1918, 1, 217. (No. 49.)]

what the mythologists have to teach us about the role and origin of the Fates.[1]

The earliest Greek mythology (in Homer) only knew a single *Moῖρα*, personifying inevitable fate. The further development of this one Moera into a company of three (or less often two) sister-goddesses probably came about on the basis of other divine figures to which the Moerae were closely related: the Graces and the Horae [the Seasons].

The Horae were originally goddesses of the waters of the sky, dispensing rain and dew, and of the clouds from which rain falls, and, since the clouds were conceived of as something that has been spun, it came about that these goddesses were looked upon as spinners, an attribute that then became attached to the Moerae. In the sun-favoured Mediterranean lands it is the rain on which the fertility of the soil depends, and thus the Horae became vegetation goddesses. The beauty of flowers and the abundance of fruit was their doing, and they were accredited with a wealth of agreeable and charming traits. They became the divine representatives of the Seasons, and it is possibly owing to this connection that there were three of them, if the sacred nature of the number three is not a sufficient explanation. For the peoples of antiquity at first distinguished only three seasons: winter, spring and summer. Autumn was only added in late Graeco-Roman times, after which the Horae were often represented in art as four in number.

The Horae retained their relation to time. Later they presided over the times of day, as they did at first over the times of the year; and at last their name came to be merely a designation of the hours (*heure*, *ora*). The Norns of German mythology are akin to the Horae and the Moerae and exhibit this time-signification in their names.[2] It was inevitable, however, that a deeper view should come to be taken of the essential nature of these deities, and that their essence should be transposed on to the regularity with which the seasons change. The Horae thus became the guardians of natural law and of the divine Order which causes the same thing to recur in Nature in an unalterable sequence.

[1] What follows is taken from Roscher's lexicon [1884–1937], under the relevant headings.

[2] [Their names may be rendered 'What was', 'What is', 'What shall be'.]

This discovery of Nature reacted on the conception of human life. The nature-myth changed into a human myth: the weather-goddesses became goddesses of Fate. But this aspect of the Horae found expression only in the Moerae, who watch over the necessary ordering of human life as inexorably as do the Horae over the regular order of nature. The ineluctable severity of Law and its relation to death and dissolution, which had been avoided in the charming figures of the Horae, were now stamped upon the Moerae, as though men had only perceived the full seriousness of natural law when they had to submit their own selves to it.

The names of the three spinners, too, have been significantly explained by mythologists. Lachesis, the name of the second, seems to denote 'the accidental that is included in the regularity of destiny'[1] or, as we should say, 'experience'; just as Atropos stands for 'the ineluctable'—Death. Clotho would then be left to mean the innate disposition with its fateful implications.

But now it is time to return to the theme which we are trying to interpret the theme of the choice between three sisters. We shall be deeply disappointed to discover how unintelligible the situations under review become and what contradictions of their apparent content result, if we apply to them the interpretation that we have found. On our supposition the third of the sisters is the Goddess of Death, Death itself. But in the Judgement of Paris she is the Goddess of Love, in the tale of Apuleius she is someone comparable to the goddess for her beauty, in *The Merchant of Venice* she is the fairest and wisest of women, in *King Lear* she is the one loyal daughter. We may ask whether there can be a more complete contradiction. Perhaps, improbable though it may seem, there is a still more complete one lying close at hand. Indeed, there certainly is; since, whenever our theme occurs, the choice between the women is free, and yet it falls on death. For, after all, no one chooses death, and it is only by a fatality that one falls a victim to it.

However, contradictions of a certain kind—replacements by the precise opposite—offer no serious difficulty to the work of analytic interpretation. We shall not appeal here to the fact that contraries are so often represented by one and the same element in the modes of expression used by the unconscious, as for

[1] Roscher [ibid.], quoting Preller, ed. Robert 1894).

instance in dreams.[1] But we shall remember that there are motive forces in mental life which bring about replacement by the opposite in the form of what is known as reaction-formation; and it is precisely in the revelation of such hidden forces as these that we look for the reward of this enquiry. The Moerae were created as a result of a discovery that warned man that he too is a part of nature and therefore subject to the immutable law of death. Something in man was bound to struggle against this subjection, for it is only with extreme unwillingness that he gives up his claim to an exceptional position. Man, as we know, makes use of his imaginative activity in order to satisfy the wishes that reality does not satisfy. So his imagination rebelled against the recognition of the truth embodied in the myth of the Moerae, and constructed instead the myth derived from it, in which the Goddess of Death was replaced by the Goddess of Love and by what was equivalent to her in human shape. The third of the sisters was no longer Death; she was the fairest, best, most desirable and most lovable of women. Nor was this substitution in any way technically difficult, it was prepared for by an ancient ambivalence, it was carried out along a primaeval line of connection which could not long have been forgotten. The Goddess of Love herself, who now took the place of the Goddess of Death, had once been identical with her. Even the Greek Aphrodite had not wholly relinquished her connection with the underworld, although she had long surrendered her chthonic role to other divine figures, to Persephone, or to the tri-form Artemis-Hecate. The great Mother-goddesses of the oriental peoples, however, all seem to have been both creators and destroyers—both goddesses of life and fertility and goddesses of death. Thus the replacement by a wishful opposite in our theme harks back to a primaeval identity.

The same consideration answers the question how the feature of a choice came into the myth of the three sisters. Here again there has been a wishful reversal. Choice stands in the place of necessity, of destiny. In this way man overcomes death, which he has recognized intellectually. No greater triumph of wish-fulfilment is conceivable. A choice is made where in reality there is obedience to a compulsion; and what is chosen is not a figure of terror, but the fairest and most desirable of women.

On closer inspection we observe, to be sure, that the original

[1] [Cf. *The Interpretation of Dreams* (1900*a*), *Standard Ed.*, **4**, 318.]

myth is not so thoroughly distorted that traces of it do not show through and betray its presence. The free choice between the three sisters is, properly speaking, no free choice, for it must necessarily fall on the third if every kind of evil is not to come about, as it does in *King Lear*. The fairest and best of women, who has taken the place of the Death-goddess, has kept certain characteristics that border on the uncanny, so that from them we have been able to guess at what lies beneath.[1]

So far we have been following out the myth and its transformation, and it is to be hoped that we have correctly indicated the hidden causes of the transformation. We may now turn our interest to the way in which the dramatist has made use of the theme. We get an impression that a reduction of the theme to the original myth is being carried out in his work, so that we once more have a sense of the moving significance which had been weakened by the distortion. It is by means of this reduction of the distortion, this partial return to the original, that the dramatist achieves his more profound effect upon us.

To avoid misunderstandings, I should like to say that it is not my purpose to deny that King Lear's dramatic story is intended to inculcate two wise lessons: that one should not give up one's possessions and rights during one's lifetime, and that one must guard against accepting flattery at its face value. These and similar warnings are undoubtedly brought out by the play; but it seems to me quite impossible to explain the overpowering effect of *King Lear* from the impression that such a train of thought would produce, or to suppose that the dramatist's personal motives did not go beyond the intention of teaching these lessons. It is suggested, too, that his purpose was to present the

[1] The Psyche of Apuleius's story has kept many traits that remind us of her relation with death. Her wedding is celebrated like a funeral, she has to descend into the underworld, and afterwards she sinks into a death-like sleep (Otto Rank) On the significance of Psyche as goddess of the spring and as 'Bride of Death', cf Zinzow (1881). In another of Grimm's Tales ('The Goose-girl at the Fountain' ['Die Gänsehirtin am Brunnen', 1918, **2**, 300], No. 179) there is, as in 'Cinderella', an alternation between the beautiful and the ugly aspect of the third sister, in which one may no doubt see an indication of her double nature before and after the substitution. This third daughter is repudiated by her father, after a test which is almost the same as the one in *King Lear*. Like her sisters, she has to declare how fond she is of their father, but can find no expression for her love but a comparison with salt. (Kindly communicated by Dr. Hanns Sachs.)

tragedy of ingratitude, the sting of which he may well have felt in his own heart, and that the effect of the play rests on the purely formal element of its artistic presentation; but this cannot, so it seems to me, take the place of the understanding brought to us by the explanation we have reached of the theme of the choice between the three sisters.

Lear is an old man. It is for this reason, as we have already said, that the three sisters appear as his daughters. The relationship of a father to his children, which might be a fruitful source of many dramatic situations, is not turned to further account in the play. But Lear is not only an old man: he is a dying man. In this way the extraordinary premiss of the division of his inheritance loses all its strangeness. But the doomed man is not willing to renounce the love of women; he insists on hearing how much he is loved. Let us now recall the moving final scene, one of the culminating points of tragedy in modern drama. Lear carries Cordelia's dead body on to the stage. Cordelia is Death. If we reverse the situation it becomes intelligible and familiar to us. She is the Death-goddess who, like the Valkyrie in German mythology, carries away the dead hero from the battlefield. Eternal wisdom, clothed in the primaeval myth, bids the old man renounce love, choose death and make friends with the necessity of dying.

The dramatist brings us nearer to the ancient theme by representing the man who makes the choice between the three sisters as aged and dying. The regressive revision which he has thus applied to the myth, distorted as it was by wishful transformation, allows us enough glimpses of its original meaning to enable us perhaps to reach as well a superficial allegorical interpretation of the three female figures in the theme. We might argue that what is represented here are the three inevitable relations that a man has with a woman—the woman who bears him, the woman who is his mate and the woman who destroys him; or that they are the three forms taken by the figure of the mother in the course of a man's life—the mother herself, the beloved one who is chosen after her pattern, and lastly the Mother Earth who receives him once more. But it is in vain that an old man yearns for the love of woman as he had it first from his mother; the third of the Fates alone, the silent Goddess of Death, will take him into her arms.

TWO LIES TOLD BY CHILDREN
(1913)

ZWEI KINDERLÜGEN

(*a*) GERMAN EDITIONS:

1913 *Int. Z. Psychoanal.*, **1** (4), 359–62.
1918 *S.K.S.N.*, **4**, 189–94. (1922, 2nd ed.)
1924 *G.S.*, **5**, 238–43.
1926 *Psychoanalyse der Neurosen*, 16–22.
1931 *Neurosenlehre und Technik*, 17–21.
1943 *G.W.*, **8**, 422–7.

(*b*) ENGLISH TRANSLATION:

'Infantile Mental Life: Two Lies Told by Children'

1924 *C.P.*, **2**, 144–9. (Tr. E. C. Mayne.)

The present translation is a modified version (under a shortened title) of the one published in 1924.

On its first appearance in the *Zeitschrift* (in the summer of 1913) this paper was the first of several by various writers included under a general caption 'Aus dem infantilen Seelenleben'. This caption was incorporated in the 1918 reprint of the paper and was also inserted in the title of the English translation of 1924; thereafter it was dropped.

TWO LIES TOLD BY CHILDREN

We can understand children telling lies, when in doing so, they are imitating the lies told by grown-up people. But a number of lies told by well-brought-up children have a particular significance and should cause those in charge of them to reflect rather than be angry. These lies occur under the influence of excessive feelings of love, and become momentous when they lead to a misunderstanding between the child and the person it loves.

I

A girl of seven (in her second year at school) had asked her father for some money to buy colours for painting Easter eggs. Her father had refused, saying he had no money. Shortly afterwards the girl asked her father for some money for a contribution towards a wreath for the funeral of their reigning princess, who had recently died. Each of the schoolchildren was to bring fifty pfennigs [sixpence]. Her father gave her ten marks [ten shillings]; she paid her contribution, put nine marks on her father's writing-table, and with the remaining fifty pfennigs bought some paints, which she hid in her toy cupboard. At dinner her father asked suspiciously what she had done with the missing fifty pfennigs, and whether she had not bought paints with them after all. She denied it, but her brother, who was two years her elder and with whom she had planned to paint the eggs, betrayed her; the paints were found in the cupboard. The angry father handed the culprit over to her mother for punishment, and it was severely administered. Afterwards her mother was herself much shaken, when she saw how great the child's despair was. She caressed the little girl after the punishment, and took her for a walk to console her. But the effects of the experience, which were described by the patient herself as the 'turning-point in her life', proved to be ineradicable. Up to then she had been a wild, self-confident child, afterwards she became shy and timid. When she was engaged to be married and her mother undertook the purchase of her furniture and her trousseau, she flew into a rage which was incomprehensible even to herself. She had a feeling that after all it was *her* money,

and no one else ought to buy anything with it. As a young wife she was shy of asking her husband for any expenditure on her personal needs, and made an uncalled-for distinction between 'her' money and his. During the treatment it happened now and again that her husband's remittances to her were delayed, so that she was left without resources in a foreign city. After she had told me this once, I made her promise that if it happened again she would borrow the small sum necessary from me. She promised to do so; but on the next occasion of financial embarrassment she did not keep her promise, but preferred to pawn her jewellery. She explained that she could not take money from me.

The appropriation of the fifty pfennigs in her childhood had had a significance which her father could not guess. Some time before she began going to school she had played a singular prank with money. A neighbour with whom they were friendly had sent the girl out with a small sum of money, in the company of her own little boy who was even younger, to buy something in a shop. Being the elder of the two, she was bringing the change back home. But, meeting the neighbour's servant in the street, she threw the money down on the pavement. In the analysis of this action, which she herself found inexplicable, the thought of Judas occurred to her, who threw down the thirty pieces of silver which he had been given for betraying his Master. She said she was certainly acquainted with the story of the Passion before she went to school. But in what way could she identify herself with Judas?

When she was three and a half[1] she had a nursemaid of whom she was extremely fond. This girl became involved in a love affair with a doctor whose surgery she visited with the child. It appears that at that time the child witnessed various sexual proceedings. It is not certain whether she saw the doctor give the girl money; but there is no doubt that, to make sure of the child's keeping silence, the girl gave her some small coins, with which purchases were made (probably of sweets) on the way home. It is possible too that the doctor himself occasionally gave the child money. Nevertheless the child betrayed the girl to her mother out of jealousy. She played so ostentatiously with the coins she had brought home that her mother could not help asking: 'Where did you get that money?' The girl was dismissed.

[1] [In 1913 only, 'three and a quarter'.]

To take money from anyone had thus early come to mean to her a physical surrender, an erotic relation. To take money from her father was equivalent to a declaration of love. The phantasy that her father was her lover was so seductive that with its help her childish wish for paints for the Easter eggs easily put itself into effect in spite of the prohibition. She could not admit, however, that she had appropriated the money; she was obliged to disavow it, because her motive for the deed, which was unconscious to herself, could not be admitted. Her father's punishment was thus a rejection of the tenderness she was offering him — a humiliation — and so it broke her spirit. During the treatment a period of severe depression occurred (whose explanation led to her remembering the events described here) when on one occasion I was obliged to reproduce this humiliation by asking her not to bring me any more flowers.

For psycho-analysts I need hardly emphasize the fact that in this little experience of the child's we have before us one of those extremely common cases in which early anal erotism persists into later erotic life. Even her desire to paint the eggs with colours derived from the same source.

II

A woman who is now seriously ill in consequence of a frustration in life was in her earlier years a particularly capable, truth-loving, serious and virtuous girl, and became an affectionate[1] wife. But still earlier, in the first years of her life, she had been a wilful and discontented child, and, though she had changed fairly quickly into an excessively good and conscientious one, there were occurrences in her schooldays, which, when she fell ill, caused her deep self-reproaches, and were regarded by her as proofs of fundamental depravity. Her memory told her that in those days she had often bragged and lied. Once on the way to school a school-fellow had said boastfully: 'Yesterday we had ice at dinner.' She replied: 'Oh we have ice every day.' In reality she did not know what ice at dinner could mean; she only knew ice in the long blocks in which it is carted about, but she assumed that there must be

[1] [In 1913 only, the words 'and happy' appeared at this point.]

something grand in having it for dinner, so she refused to be outdone by her school-fellow.

When she was ten years old, they were set the task in the drawing lesson of making a free-hand drawing of a circle. But she used a pair of compasses, thus easily producing a perfect circle, and showed her achievement in triumph to her neighbour in class. The mistress came up, heard her boasting, discovered the marks of the compasses in the circle, and questioned the girl. But she stubbornly denied what she had done, would not give way to any evidence, and took refuge in sullen silence. The mistress consulted with her father about it. They were both influenced by the girl's usually good behaviour into deciding not to take any further steps about the matter.

Both the child's lies were instigated by the same complex. As the eldest of five children, the little girl early developed an unusually strong attachment to her father, which was destined when she was grown up to wreck her happiness in life. But she could not long escape the discovery that her beloved father was not so great a personage as she was inclined to think him. He had to struggle against money difficulties; he was not so powerful or so distinguished as she had imagined. But she could not put up with this departure from her ideal. Since, as women do, she based all her ambition on the man she loved, she became too strongly dominated by the motive of supporting her father against the world. So she boasted to her school-fellows, in order not to have to belittle her father. When, later on, she learned to translate ice for dinner by '*glace*', her self-reproaches about this reminiscence led her by an easy path into a pathological dread of pieces or splinters of glass.[1]

Her father was an excellent draughtsman, and had often enough excited the delight and admiration of the children by exhibitions of his skill. It was as an identification of herself with her father that she had drawn the circle at school—which she could only do successfully by deceitful methods. It was as though she wanted to boast: 'Look at what my father can do!' The sense of guilt that was attached to her excessive fondness for her father found its expression in connection with her attempted deception; an admission was impossible for the same reason that was given in the first of these observations [p. 307]: it

[1] [The German '*Glas*', like its English equivalent 'glass', has a sound similar to that of the French '*glace*' ('ice').]

would inevitably have been an admission of her hidden incestuous love.

We should not think lightly of such episodes in the life of children. It would be a serious mistake to read into childish misdemeanours like these a prognosis of the development of a bad character Nevertheless, they are intimately connected with the most powerful motive forces in children's minds, and give notice of dispositions that will lead to later eventualities in their lives or to future neuroses.

THE DISPOSITION TO OBSESSIONAL NEUROSIS

A CONTRIBUTION TO THE PROBLEM OF CHOICE OF NEUROSIS

(1913)

EDITOR'S NOTE

DIE DISPOSITION ZUR ZWANGSNEUROSE

EIN BEITRAG ZUM PROBLEM DER NEUROSENWAHL

(*a*) GERMAN EDITIONS:

1913 *Int. Z. Psychoanal.*, **1** (6), 525–32.
1918 *S.K.S.N.*, **4**, 113–24. (1922, 2nd ed.)
1924 *G.S.*, **5**, 277–87.
1926 *Psychoanalyse der Neurosen*, 3–15.
1931 *Neurosenlehre und Technik*, 5–16.
1943 *G.W.*, **8**, 442–52.

(*b*) ENGLISH TRANSLATION:

'The Predisposition to Obsessional Neurosis: A Contribution to the Problem of the Option of Neurosis'

1924 *C.P.*, **2**, 122–32. (Tr. E. Glover and E. C. Mayne.)

The present translation, by James Strachey, with a modified title, appears here for the first time.

This paper was read by Freud before the Fourth International Psycho-Analytical Congress, held at Munich on September 7 and 8, 1913, and was published at the end of that year.

Two topics of special importance are discussed in it. First, there is the problem of 'choice of neurosis',[1] which gives the work its sub-heading. It was a problem that had vexed Freud from very early times. Three long discussions of it will be found among the Fliess papers, dating from January 1, 1896 (Freud, 1950*a*, Draft K), May 30, 1896 (ibid., Letter 46, where the phrase itself appears), and December 6, 1896 (ibid., Letter 52). At about the same time as the first two of these, references to the subject appeared in two of Freud's published papers, in his French paper on heredity and the aetiology of the neuroses (1896*a*) and in the second of his two on the neuro-psychoses of defence (1896*b*).

In these early discussions of the problem two different solutions

[1] In all this, of course, only the *psychoneuroses* are concerned.

may be distinguished, which were alike, however, in postulating a traumatic aetiology for the neuroses. First there was the passive and active theory mentioned in the present paper (below, p. 319), the theory that passive sexual experiences in early childhood predisposed to hysteria and active ones to obsessional neurosis. Ten years later, in a discussion of the part played by sexuality in the neuroses (1906*a*), Freud repudiated this theory entirely (*Standard Ed.*, **7**, 275).

The second of these early theories, which was not kept completely distinct from the first one, attributed the decisive factor to chronological considerations. The form taken by a neurosis was supposed to depend on the period of life at which the traumatic experience occurred or, in another version, on the period of life at which defensive action was taken against the revival of the traumatic experience. In a letter to Fliess of January 24, 1897 (Freud, 1950*a*, Letter 57), he wrote. 'Meanwhile the notion I have hitherto entertained, that choice of neurosis was determined by the time of its genesis, is becoming less secure; the choice seems rather to be fixed in earliest childhood. But the decision still oscillates between the time of genesis and the time of repression, though I now prefer the latter.' And a few months later, on November 14, 1897 (ibid., Letter 75): 'Choice of neurosis—the decision whether hysteria, obsessional neurosis or paranoia is generated—probably depends on the nature of the wave [of development] (that is, on its chronological situation) which makes repression possible (that is, which transforms a source of internal pleasure into one of internal disgust).'

But after another two years, on December 9, 1899 (ibid., Letter 125), there comes a passage which seems to foreshadow Freud's later views: 'Not long ago I had what may have been a first glimpse of something new. I have before me the problem of "choice of neurosis". When does a person become hysterical instead of paranoic? A first crude attempt, made at a time when I was trying to storm the citadel by force, put forward the view that it depended on the age at which the sexual traumas occurred—on the subject's age at the time of the experience. I gave that up long ago and was left without a clue till a few days ago, when a link with the theory of sexuality dawned on me.

'The lowest sexual stratum is auto-erotism, which does without any psychosexual aim and demands only local feelings of satisfaction. It is succeeded by allo-erotism (homo- and hetero-

erotism); but it certainly also continues to exist as a separate current. Hysteria (and its variant, obsessional neurosis) is alloerotic: its main path is identification with the person loved. Paranoia dissolves the identification once more; it re-establishes all the figures loved in childhood which have been abandoned (cf. my discussion of exhibitionist dreams),[1] and it dissolves the ego itself into extraneous figures.[2] Thus I have come to regard paranoia as a forward surge of the auto-erotic current, as a return to the standpoint prevailing then. The perversion corresponding to it would be what is known as "idiopathic paranoia".[3] The special relations of auto-erotism to the original "ego" would throw a clear light on the nature of this neurosis. At this point the thread breaks off.'

Here Freud was approaching the position outlined in the closing pages of his *Three Essays* (1905*d*), *Standard Ed.*, **7**, 235 ff. The complicated process of sexual development had suggested a new version of the chronological theory: the notion of a succession of possible 'fixation points', at which that process is liable to be held up, and to which a regression may take place if difficulties are met with in later life. It was not for several years, however, that any explicit statement was made of the relation between this succession of fixation points and the choice of neurosis. This was in the paper on the two principles of mental functioning (1911*b*), p. 224 above, and (at much greater length) in the almost contemporary Schreber analysis [1911*c*], pp. 68, etc. above. (It seems probable that this last discussion was what Freud had in mind in speaking here (p. 318) of an earlier approach to the problem.) But the whole question is examined in more general terms in the present paper.

This leads us to the second topic of special importance which it discusses—the topic, namely, of pregenital 'organizations' of the libido. The notion is now such a familiar one that we are surprised to learn that it made its first appearance here, but the whole section of the *Three Essays* dealing with it (*Standard Ed.*, **7**,

[1] *The Interpretation of Dreams* (1900*a*) had already been published. The passage in question, which occupies Section D (*α*) of Chapter V, *Standard Ed.*, **4**, 242-8, traces back exhibitionist dreams to situations in very early childhood.

[2] This seems to foreshadow a remark about hysteria and paranoia in the Schreber analysis (p. 49 above).

[3] '*Primäre Verrücktheit*'. A concept current in German psychiatry in the latter half of the nineteenth century.

197–9) was in fact only added in 1915, two years after this paper was published. The knowledge of there being non-genital component sexual instincts goes back, of course, very much further. It is prominent in the first edition of the *Three Essays* (1905*d*) and implied, in the Fliess letters, earlier still. (See, for instance, Letter 75 of November 14, 1897.) What is new is the idea of there being regular stages in sexual development at which one or other of the component instincts dominates the whole picture.

Only one such stage, the anal-sadistic one, is discussed in the present paper. Freud had, however, already distinguished two earlier stages of sexual development; but these were not characterized by the dominance of any one component instinct. The very earliest of all, that of auto-erotism, before any object-choice has been made, appears in the first edition of the *Three Essays* (*Standard Ed.*, 7, 181), but had already been specified in the letter to Fliess of 1899 quoted above (p. 314).[1] The next stage, the first in which object-choice occurs but where the object is the person's own self, had been brought forward by Freud, under the name of narcissism, some three or four years before the present paper (see above p. 60, *n.* 3). Two other organized stages in the development of the libido remained to be described—one earlier and one later than the anal-sadistic one. The earlier one, the oral stage, once again showed the dominance of a component instinct; it was first mentioned in the section of the 1915 edition of the *Three Essays* already alluded to (*Standard Ed.*, 7, 198). The later stage, no longer pregenital but not yet fully genital in the adult sense, the 'phallic' stage, only appeared on the scene many years later, in Freud's paper on 'The Infantile Genital Organization of the Libido' (1923*e*).

Thus, the order of publication of Freud's findings on the successive early organizations of the sexual instinct may be summarized as follows:—auto-erotic stage, 1905 (already described in private, 1899); narcissistic stage, 1911 (in private, 1909); anal-sadistic stage, 1913, oral stage, 1915; phallic stage, 1923.

[1] Freud borrowed the actual term 'auto-erotism' from Havelock Ellis, who introduced it in a paper published in the previous year, 1898.

THE DISPOSITION TO OBSESSIONAL NEUROSIS

A CONTRIBUTION TO THE PROBLEM OF CHOICE OF NEUROSIS

THE problem of why and how a person may fall ill of a neurosis is certainly among those to which psycho-analysis should offer a solution. But it will probably be necessary to find a solution first to another and narrower problem — namely, why it is that this or that person must fall ill of a particular neurosis and of none other. This is the problem of 'choice of neurosis'.

What do we know so far about this problem? Strictly speaking, only one single general proposition can be asserted on the subject with certainty. It will be recalled that we divide the pathogenic determinants concerned in the neuroses into those which a person brings along with him into his life and those which life brings to him — the constitutional and the accidental — by whose combined operation alone the pathogenic determinant is as a rule established. The general proposition, then, which I have alluded to above, lays it down that the grounds for determining the choice of neurosis are entirely of the former kind — that is, that they are in the nature of dispositions[1] and are independent of experiences which operate pathogenically.

Where are we to look for the source of these dispositions? We have become aware that the psychical functions concerned — above all, the sexual function, but various important ego-functions too—have to undergo a long and complicated development before reaching the state characteristic of the normal adult. We can assume that these developments are not always so smoothly carried out that the total function passes through this regular progressive modification. Wherever a portion of it

[1] [In this paper Freud seems always to use the word 'disposition' in the sense of something purely constitutional or hereditary. In later writings he gives the word a wider meaning, and includes under it the effects of experience in infancy. This is made perfectly clear in Lecture XXIII of his *Introductory Lectures* (1916-17). The 'general proposition' quoted in the text had already been asserted by Freud in his paper on sexuality in the neuroses (1906*a*), *Standard Ed.*, 7, 275.]

clings to a previous stage, what is known as a 'point of fixation' results, to which the function may regress if the subject falls ill through some external disturbance.

Thus our dispositions are inhibitions in development. We are confirmed in this view by the analogy of the facts of general pathology of other illnesses. But before the question as to what factors can bring about such disturbances of development the work of psycho-analysis comes to a stop: it leaves that problem to biological research.[1]

Already a few years back we ventured, with the help of these hypotheses, to approach the problem of choice of neurosis.[2] Our method of work, which aims at discovering normal conditions by studying their disturbances, led us to adopt a very singular and unexpected line of attack. The order in which the main forms of psychoneurosis are usually enumerated—Hysteria, Obsessional Neurosis, Paranoia, Dementia Praecox—corresponds (even though not quite exactly) to the order of the ages at which the onset of these disorders occurs. Hysterical forms of illness can be observed even in earliest childhood; obsessional neurosis usually shows its first symptoms in the second period of childhood (between the ages of six and eight), while the two other psychoneuroses, which I have brought together under the heading of 'paraphrenia',[3] do not appear until after puberty and during adult life. It is these disorders—the last to emerge—which were the first to show themselves accessible to our enquiry into the dispositions that result in the choice of neurosis. The characteristics peculiar to both of them—megalomania, turning away from the world of objects, increased difficulty in transference—have obliged us to conclude that their dispositional fixation is to be looked for in a stage of libidinal development *before* object-choice has been established—that is, in the phase of auto-erotism and of narcissism. Thus these forms of illness, which make their appearance so late, go back to very early inhibitions and fixations.

This would accordingly lead us to suppose that the disposi-

[1] Since Wilhelm Fliess's writings have revealed the biological significance of certain periods of time it has become conceivable that disturbances of development may be traceable to temporal changes in the successive waves of development.

[2] [See Editor's Note, p. 315.]

[3] [In the first edition only this clause ran 'which are termed by me paraphrenia and paranoia'. See the Editor's footnote, p. 76 above.]

tion to hysteria and obsessional neurosis, the two transference neuroses proper, which produce their symptoms at an early age, lies in later phases of libidinal development. But at what point in them should we find a developmental inhibition? and, above all, what would be the difference in phases that would determine a disposition to obsessional neurosis as contrasted with hysteria? For a long time nothing was to be learned about this; and my earlier attempts at discovering these two dispositions —the notion, for instance, that hysteria might be determined by passivity and obsessional neurosis by activity in infantile experience—had soon to be abandoned as incorrect.[1]

I shall now take my footing once more on the clinical observation of an individual case. Over a long period I studied a woman patient whose neurosis underwent an unusual change. It began, after a traumatic experience, as a straightforward anxiety hysteria and retained that character for a few years. One day, however, it suddenly changed into an obsessional neurosis of the severest type. A case of this kind could not fail to become significant in more than one direction. On the one hand, it might perhaps claim to be looked upon like a bilingual document and to show how an identical content could be expressed by the two neuroses in different languages. On the other hand, it threatened to contradict completely our theory that disposition arises from developmental inhibition, unless we were prepared to accept the supposition that a person could innately possess more than one weak spot in his libidinal development.[2] I told myself that we had no right to dismiss this latter possibility; but I was greatly interested to arrive at an understanding of the case.

When in the course of the analysis this came about, I was forced to see that the situation was quite different from what I had imagined. The obsessional neurosis was not a further reaction to the same trauma which had first provoked the anxiety hysteria, it was a reaction to a second experience, which had completely wiped out the first. (Here, then, we have an exception though, it is true, a not indisputable one to our proposition affirming that choice of neurosis is independent of experience [p. 317].)

[1] [See Editor's Note, p. 314.]

[2] [Cf. some remarks on this in the Schreber case history (1911*c*), p. 78 above.]

Unfortunately I am unable, for familiar reasons, to enter into the history of the case as far as I should like, and I must restrict myself to the account which follows. Up to the time of her falling ill the patient had been a happy and almost completely satisfied wife. She wanted to have children, from motives based on an infantile fixation of her wishes, and she fell ill when she learned that it was impossible for her to have any by the husband who was the only object of her love. The anxiety hysteria with which she reacted to this frustration corresponded, as she herself soon learned to understand, to the repudiation of phantasies of seduction in which her firmly implanted wish for a child found expression. She now did all she could to prevent her husband from guessing that she had fallen ill owing to the frustration of which he was the cause. But I have had good reason for asserting that everyone possesses in his own unconscious an instrument with which he can interpret the utterances of the unconscious in other people.[1] Her husband understood, without any admission or explanation on her part, what his wife's anxiety meant; he felt hurt, without showing it, and in his turn reacted neurotically by—for the first time—failing in sexual intercourse with her. Immediately afterwards he started on a journey. His wife believed that he had become permanently impotent, and produced her first obsessional symptoms on the day before his expected return.

The content of her obsessional neurosis was a compulsion for scrupulous washing and cleanliness and extremely energetic protective measures against severe injuries which she thought other people had reason to fear from her that is to say, reaction-formations against her own *anal-erotic* and *sadistic* impulses. Her sexual need was obliged to find expression in these shapes after her genital life had lost all its value owing to the impotence of the only man of whom there could be any question for her.

This is the starting-point of the small new fragment of theory which I have formulated. It is of course only in appearance that it is based on this one observation; actually it brings together a large number of earlier impressions, though an understanding of them was only made possible by this last experience. I told myself that my schematic picture of the development of the libidinal function called for an extra insertion in it. To begin

[1] [Cf. 'The Unconscious' (1915*e*), *Standard Ed.*, **14**, 194.]

with, I had only distinguished, first the phase of auto-erotism, during which the subject's component instincts, each on its own account, seek for the satisfaction of their desires in his own body, and then the combination of all the component instincts for the choice of an object, under the primacy of the genitals acting on behalf of reproduction. The analysis of the paraphrenias has, as we know, necessitated the insertion between them of a stage of narcissism, during which the choice of an object has already taken place but that object coincides with the subject's own ego.[1] And now we see the need for yet another stage to be inserted before the final shape is reached – a stage in which the component instincts have already come together for the choice of an object and that object is already something extraneous in contrast to the subject's own self, but in which *the primacy of the genital zones has not yet been established.* On the contrary, the component instincts which dominate this *pregenital organization*[2] of sexual life are the anal-erotic and sadistic ones.

I am aware that any such hypotheses sound strange at first. It is only by discovering their relations to our former knowledge that they become familiar to us; and in the end it is often their fate to be regarded as minor and long-foreseen innovations. Let us therefore turn with anticipations such as these to a discussion of the 'pregenital sexual organization'.

(*a*) The extraordinary part played by impulses of hatred and anal erotism in the symptomatology of obsessional neurosis has already struck many observers and has recently been emphasized with particular clarity by Ernest Jones (1913). This follows directly from our hypothesis if we suppose that in that neurosis the component instincts in question have once more taken over the representation of the genital instincts, whose forerunners they were in the process of development.

At this point a portion of our case history fits in, which I have so far kept back. The patient's sexual life began in her earliest childhood with beating-phantasies. After they were suppressed, an unusually long period of latency set in, during which the

[1] [See Freud's later paper on narcissism (1914*c*), he had already put forward the idea in several places, particularly in the Schreber analysis (1911*c*), see above p. 60 ff.]

[2] [The term is here used for the first time.]

girl passed through a period of exalted moral growth, without any awakening of female sexual feelings. Her marriage, which took place at an early age, opened a time of normal sexual activity. This period, during which she was a happy wife, continued for a number of years, until her first great frustration brought on the hysterical neurosis. When this was followed by her genital life losing all its value, her sexual life, as I have said, returned to the infantile stage of sadism.

It is not difficult to determine the characteristic which distinguishes this case of obsessional neurosis from those more frequent ones which start at an early age and thereafter run a chronic course with exacerbations of a more or less striking kind. In these other cases, once the sexual organization which contains the disposition to obsessional neurosis is established it is never afterwards completely surmounted; in our case it was replaced to begin with by the higher stage of development, and was then re-activated by regression from the latter.

(*b*) If we wish to bring our hypothesis into contact with biological lines of thought, we must not forget that the antithesis between male and female, which is introduced by the reproductive function, cannot be present as yet at the stage of pregenital object-choice. We find in its place the antithesis between trends with an active and with a passive aim, an antithesis which later becomes firmly attached to that between the sexes. Activity is supplied by the common instinct of mastery, which we call sadism when we find it in the service of the sexual function; and even in fully developed normal sexual life it has important subsidiary services to perform. The passive trend is fed by anal erotism, whose erotogenic zone corresponds to the old, undifferentiated cloaca. A stressing of this anal erotism in the pregenital stage of organization leaves behind a significant predisposition to homosexuality in men when the next stage of the sexual function, the primacy of the genitals, is reached. The way in which this last phase is erected upon the preceding one and the accompanying remoulding of the libidinal cathexes present analytic research with the most interesting problems.

The view may be taken that all the difficulties and complications involved in this can be avoided by denying that there is any pregenital organization of sexual life and by holding that sexual life coincides with the genital and reproductive function

and begins with it. It would then be asserted, having regard to the unmistakable findings of analytic research, that the neuroses are compelled by the process of sexual repression to give expression to sexual trends through other, non-sexual instincts, and thus to sexualize the latter by way of compensation. But this line of argument would place us outside psycho-analysis. It would place us where we were before psycho-analysis and would mean abandoning the understanding which psycho-analysis has given us of the relations between health, perversion and neurosis. Psycho-analysis stands or falls with the recognition of the sexual component instincts, of the erotogenic zones and of the extension thus made possible of the concept of a 'sexual function' in contrast to the narrower 'genital function'. Moreover the observation of the normal development of children is in itself enough to make us reject any such temptation.

(*c*) In the field of the development of *character* we are bound to meet with the same instinctual forces which we have found at work in the neuroses. But a sharp theoretical distinction between the two is necessitated by the single fact that the failure of repression and the return of the repressed—which are peculiar to the mechanism of neurosis—are absent in the formation of character. In the latter, repression either does not come into action or smoothly achieves its aim of replacing the repressed by reaction-formations and sublimations. Hence the processes of the formation of character are more obscure and less accessible to analysis than neurotic ones.[1]

But it is precisely in the field of character-development that we come across a good analogy with the case we have been describing—a confirmation, that is, of the occurrence of the pregenital sadistic anal-erotic sexual organization. It is a well-known fact, and one that has given much ground for complaint, that after women have lost their genital function their character often undergoes a peculiar alteration. They become quarrelsome, vexatious and overbearing, petty and stingy; that is to say, they exhibit typically sadistic and anal-erotic traits which they did not possess earlier, during their period of womanliness.

[1] [Cf. Freud's earlier paper on 'Character and Anal Erotism' (1908*b*), and, for some general remarks on character-formation, a passage in the *Three Essays* (1905*d*), *Standard Ed.*, 7, 238–9, and a longer and later discussion at the beginning of Chapter III of *The Ego and the Id* (1923*b*).]

Writers of comedy and satirists have in all ages directed their invectives against the 'old dragon' into which the charming girl, the loving wife and the tender mother have been transformed. We can see that this alteration of character corresponds to a regression of sexual life to the pregenital sadistic and anal-erotic stage, in which we have discovered the disposition to obsessional neurosis. It seems, then, to be not only the precursor of the genital phase but often enough its successor as well, its termination after the genitals have fulfilled their function.

A comparison between such a change of character and obsessional neurosis is very impressive. In both cases the work of regression is apparent But whereas in the former we find complete regression following repression (or suppression) that has occurred smoothly, in the neurosis there are conflict, an effort to prevent regression from occurring, reaction-formations against it and symptom-formations produced by compromises between the two opposing sides, and a splitting of the psychical activities into some that are admissible to consciousness and others that are unconscious.

(*d*) Our hypothesis of a pregenital sexual organization is incomplete in two respects. In the first place, it takes no account of the behaviour of other component instincts, in regard to which there is plenty that would repay examination and discussion, and it is content with stressing the striking primacy of sadism and anal erotism.[1] In particular we often gain an impression that the instinct for knowledge can actually take the place of sadism in the mechanism of obsessional neurosis. Indeed it is at bottom a sublimated off-shoot of the instinct of mastery exalted into something intellectual, and its repudiation in the form of doubt plays a large part in the picture of obsessional neurosis.[2]

The second gap in our hypothesis is far more important. As we know, the developmental disposition to a neurosis is only complete if the phase of the development of the ego at which fixation occurs is taken into account as well as that of the libido. But our hypothesis has only related to the latter, and therefore

[1] [The existence of an earlier pregenital organization, characterized by the primacy of the oral zone, was not pointed out by Freud until some years later. See Editor's Note, p. 316 above.]

[2] [See the 'Rat Man' case history (1909*d*), *Standard Ed.*, **10**, 241 3.]

does not include all the knowledge that we should demand. The stages of development of the ego-instincts are at present very little known to us; I know of only one attempt—the highly promising one made by Ferenczi (1913) to approach these questions. I cannot tell if it may seem too rash if, on the basis of such indications as we possess, I suggest the possibility that a chronological outstripping of libidinal development by ego development should be included in the disposition to obsessional neurosis. A precocity of this kind would necessitate the choice of an object under the influence of the ego-instincts, at a time at which the sexual instincts had not yet assumed their final shape, and a fixation at the stage of the pregenital sexual organization would thus be left. If we consider that obsessional neurotics have to develop a super-morality in order to protect their object-love from the hostility lurking behind it, we shall be inclined to regard some degree of this precocity of ego development as typical of human nature and to derive the capacity for the origin of morality from the fact that in the order of development hate is the precursor of love. This is perhaps the meaning of an assertion by Stekel (1911*a*, 536), which at the time I found incomprehensible, to the effect that hate and not love is the primary emotional relation between men.[1]

(*e*) It follows from what has been said that there remains for hysteria an intimate relation to the final phase of libidinal development, which is characterized by the primacy of the genitals and the introduction of the reproductive function. In hysterical neurosis this acquisition is subjected to repression, which does not involve regression to the pregenital stage. The gap in determining the disposition owing to our ignorance of ego development is even more obvious here than with obsessional neurosis.

On the other hand, it is not hard to show that another regression to an earlier level occurs in hysteria too. The sexuality of female children, is, as we know, dominated and directed by a masculine organ (the clitoris) and often behaves like the sexuality of boys. This masculine sexuality has to be got rid of by a last wave of development at puberty, and the vagina,

[1] [This was elaborated by Freud at the end of his metapsychological paper on 'Instincts and their Vicissitudes' (1915*c*), *Standard Ed.*, **14**, 136 ff.]

an organ derived from the cloaca, has to be raised into the dominant erotogenic zone. Now, it is very common in hysterical neurosis for this repressed masculine sexuality to be reactivated and then for the defensive struggle on the part of the ego-syntonic instincts to be directed against it. But it seems to me too early to enter here into a discussion of the problems of the disposition to hysteria.

INTRODUCTION TO PFISTER'S *THE PSYCHO-ANALYTIC METHOD* (1913)

INTRODUCTION TO PFISTER'S *DIE PSYCHANALYTISCHE METHODE*

(*a*) GERMAN EDITIONS:

1913 In O. Pfister, *Die psychanalytische* [sic] *Methode* (Vol. I of *Pädagogium*), iv vi, Leipzig and Berlin: Klinkhardt. (1921, 2nd ed.; 1924, 3rd ed.)

1928 *G.S.*, **11**, 244–6.

1931 *Neurosenlehre und Technik*, 315–18.

1946 *G.W.*, **10**, 448–50.

(*b*) ENGLISH TRANSLATION:

Introduction to Pfister's *The Psychoanalytic Method*

1917 In Pfister, *The Psychoanalytic Method*, v viii, New York: Moffat, Yard, London: Kegan Paul. (Tr. C. R. Payne.)

The present translation is a new one by James Strachey.

Dr. Oskar Pfister, a Zurich pastor and educationalist and the author of the work to which this is an introduction, was for thirty years a close friend of Freud's and an unswerving supporter of his views. He was one of the very first laymen to practise psycho-analysis, and the later part of Freud's introduction is perhaps his earliest published plea in favour of the recognition of non-medical psycho-analysts He developed his argument at much greater length some twenty years later in *The Question of Lay Analysis* (1926*e*).

The date at the end of the introduction (which appears here by arrangement with Messrs Routledge and Kegan Paul) is omitted in the German reprints.

INTRODUCTION TO PFISTER'S *THE PSYCHO-ANALYTIC METHOD*

PSYCHO-ANALYSIS had its origin on medical soil, as a therapeutic procedure for the treatment of certain nervous illnesses which were termed 'functional' and which were considered with increasing certainty to be consequences of disturbances in emotional life. It attains its end—of removing the manifestations of these disturbances, the symptoms—by assuming that they are not the only possible and final outcome of particular psychical processes. It therefore uncovers the history of the development of these symptoms in the patient's memory, it revivifies the processes underlying them, and then conducts them, under the doctor's guidance, to a more favourable outlet. Psycho-analysis has set itself the same therapeutic aims as treatment by hypnotism, which was introduced by Liébeault and Bernheim and after lengthy and severe struggles achieved a place in the technique of nerve specialists. But it goes far deeper into the structure of the mechanism of the mind, and seeks to bring about permanent results and viable changes in its subjects.

In its time, hypnotic treatment by suggestion very soon passed beyond the sphere of medical application and entered the service of the education[1] of young people. If we are to believe the reports, it proved to be an effective means for getting rid of childish faults, of inconvenient physical habits and of character traits that were otherwise irreducible. No one at that time objected to, or was surprised at, this extension of its uses, which, incidentally, has only been made fully understandable by the researches of psycho-analysis. For we know to-day that pathological symptoms are often nothing but substitutes for bad (that is, unserviceable) inclinations, and that the determinants of these symptoms are laid down in the years of childhood and youth during the same period in which human beings are the subject of education whether the illnesses themselves already emerge in youth or only at a later time of life.

[1] [The German words '*Erziehung*' and '*Erzieher*', which are here translated throughout by 'education' and 'educator', have in fact a wider application and include the general notion of the 'up-bringing' of children.]

Education and therapeutics stand in an assignable relation to each other. Education seeks to ensure that certain of a child's [innate] dispositions and inclinations shall not cause any damage either to the individual or to society. Therapeutics come into action if these same dispositions have already led to the unwished-for result of pathological symptoms. The alternative outcome—of the child's unserviceable dispositions leading, not to substitutes in the form of symptoms, but to direct perversions of character—is almost inaccessible to therapeutics and as a rule beyond the influence of an educator. Education is a prophylaxis, which is intended to obviate both outcomes—neurosis and perversion alike; psychotherapy seeks to undo the less stable of the two outcomes and to institute a kind of after-education.

In view of this position of affairs, the question automatically arises whether psycho-analysis should not be used for educative purposes just as hypnotic suggestion was in the past. The advantages would be obvious. The educator would, on the one hand, be prepared by his knowledge of the general human dispositions of childhood to judge which of those dispositions are threatening to lead to an undesirable outcome; and, if psycho-analysis can influence the course taken by such developments, he could bring it into use *before* the signs of an unfavourable development set in. Thus, with the help of analysis, he could have a prophylactic influence on the child while it was still healthy. On the other hand, he could detect the *first* indications of a development in the direction of neurosis and could guard the child against its further development at a time at which, for various reasons, a child is never taken to see a doctor. One cannot but think that a psycho-analytic activity such as this on the part of the educator—and of the similarly placed pastoral worker in protestant countries—would inevitably be of inestimable value and might often make the intervention of a doctor unnecessary.

The only question is whether the practice of psycho-analysis may not have as its prerequisite a medical training, from which the educator and the pastoral worker must remain debarred, or whether there may be other considerations which are opposed to the suggestion that the technique of psycho-analysis should be confided to any but a doctor's hands. I confess that I can see no ground for any such reservations. The practice of

psycho-analysis calls much less for medical training than for psychological instruction and a free human outlook. The majority of doctors are not equipped to practise psycho-analysis and have completely failed to grasp the value of that therapeutic procedure. The educator and the pastoral worker are bound by the standards of their profession to exercise the same consideration, care and restraint as are usually practised by the doctor, and apart from this their association with young people perhaps makes them better fitted to understand these young people's mental life. But in both cases the only guarantee of the harmless application of the analytic procedure must depend on the personality of the analyst.

Where a case borders upon mental abnormality, the analytic educator will be bound to make himself familiar with the most necessary psychiatric knowledge, and furthermore to call a doctor into consultation when the diagnosis and prognosis of the disturbance appear doubtful. In a number of cases it will only be possible to achieve success if there is collaboration between the educator and the doctor.

In one single respect an educator's responsibility may perhaps exceed that of a doctor. The doctor has as a rule to deal with psychical structures which have already become rigid and he will find in the patient's established individuality a limit to his own achievement but at the same time a guarantee of the patient's capacity to stand alone. The educator, however, works upon material which is plastic and open to every impression, and he must keep before himself an obligation not to mould the young mind in accordance with his own personal ideals but rather according to his subject's dispositions and possibilities.

Let us hope that the application of psycho-analysis to the service of education will quickly fulfil the hopes which educators and doctors may rightly attach to it. A book such as this of Pfister's, which seeks to acquaint educators with analysis, will then be able to count on the gratitude of later generations.

VIENNA, *February* 1913

PREFACE TO BOURKE'S *SCATALOGIC RITES OF ALL NATIONS* (1913)

PREFACE TO BOURKE'S *SCATALOGIC RITES OF ALL NATIONS*

(*a*) GERMAN EDITIONS:

1913 In J. G. Bourke, *Der Unrat in Sitte, Brauch, Glauben und Gewohnheitsrecht der Völker*, translated into German by F. S. Krauss and H. Ihm, Leipzig: Ethnologischer Verlag.

1928 *G.S.*, **11**, 249–51.

1931 *Sexualtheorie und Traumlehre*, 242–5.

1946 *G.W.*, **10**, 453–5.

(*b*) ENGLISH TRANSLATIONS:

Preface to Bourke's *Scatalogic* [sic] *Rites of All Nations*.

1934 In J. G. Bourke, *Scatalogic Rites of All Nations* (New Edition), vii–ix, New York: American Anthropological Society.

1950 *C.P.*, **5**, 88–91. (Under the title 'The Excretory Functions in Psycho-Analysis and Folklore'.) (Tr. J. Strachey.)

The present translation is the one published in 1950, slightly revised.

The work by Captain John Gregory Bourke (Third Cavalry, U.S.A.), to the translation of which Freud contributed this preface, was originally published in 1891 (Washington: Lowdermilk) with the words 'Not for General Perusal' on the title-page. Freud's attention was drawn to the book (no doubt by Dr. Ernest Jones, early in 1912, and it seems likely that the German translation was made on his recommendation. It appeared as one of the supplementary volumes issued annually by the periodical *Anthropophyteia* which was edited by one of the translators, F. S. Krauss. Freud had shown his interest in the journal two or three years earlier in an Open Letter to its editor (1910*f*). Much of the material quoted in Freud and Oppenheim's paper on 'Dreams in Folklore' (1957*a* [1911], p. 188 ff. above, was derived from *Anthropophyteia*, and deals with the topics discussed in this preface.

PREFACE TO BOURKE'S *SCATALOGIC RITES OF ALL NATIONS*

WHILE I was living in Paris in 1885 as a pupil of Charcot, what chiefly attracted me, apart from the great man's own lectures, were the demonstrations and addresses given by Brouardel.[1] He used to show us from post-mortem material at the morgue how much there was which deserved to be known by doctors but of which science preferred to take no notice. On one occasion he was discussing the indications which enabled one to judge the social rank, character and origin of an unidentified body, and I heard him say: '*Les genoux sales sont le signe d'une fille honnête.*' He was using a girl's dirty knees as evidence of her virtue!

The lesson that bodily cleanliness is far more readily associated with vice than with virtue often occurred to me later on, when psycho-analytic work made me acquainted with the way in which civilized men to-day deal with the problem of their physical nature. They are clearly embarrassed by anything that reminds them too much of their animal origin. They are trying to emulate the 'more perfected angels' in the last scene of *Faust*, who complain:

> Uns bleibt ein Erdenrest
> zu tragen peinlich,
> und wär' er von Asbest,
> er ist nicht reinlich.[2]

Since, however, they must necessarily remain far removed from such perfection, men have chosen to evade the predicament by so far as possible denying the very existence of this inconvenient 'trace of the Earth', by concealing it from one another, and by withholding from it the attention and care which it might claim as an integrating component of their essential

[1] [P. C. H. Brouardel (1837–1906) was a celebrated figure in forensic medicine. Freud wrote warmly about him in his 'Paris Report' (1956*a* [1886]). He also appears in the 'History of the Psycho-Analytic Movement' (1914*d*), *Standard Ed.*, **14**, 13–14.]

[2] [Literally: 'We still have a trace of the Earth, which is distressing to bear; and though it were of asbestos it is not cleanly.']

being. The wiser course would undoubtedly have been to admit its existence and to dignify it as much as its nature will allow.

It is far from being a simple matter to survey or describe the consequences involved in this way of treating the 'distressing trace of the Earth', of which the sexual and excretory functions may be considered the nucleus. It will be enough to mention a single one of these consequences, the one with which we are most concerned here. the fact that science is prohibited from dealing with these proscribed aspects of human life, so that anyone who studies such things is regarded as scarcely less 'improper' than someone who actually *does* improper things.

Nevertheless, psycho-analysis and folklore have not allowed themselves to be deterred from transgressing these prohibitions and have been able as a result to teach us all kinds of things that are indispensable for an understanding of human nature. If we limit ourselves here to what has been learnt about the excretory functions, it may be said that the chief finding from psychoanalytic research has been the fact that the human infant is obliged to recapitulate during the early part of his development the changes in the attitude of the human race towards excremental matters which probably had their start when *homo sapiens* first raised himself off Mother Earth. In the earliest years of infancy there is as yet no trace of shame about the excretory functions or of disgust at excreta. Small children show great interest in these, just as they do in others of their bodily secretions, they like occupying themselves with them and can derive many kinds of pleasure from doing so. Excreta, regarded as parts of a child's own body and as products of his own organism, have a share in the esteem — the narcissistic esteem, as we should call it—with which he regards everything relating to his self. Children are, indeed, proud of their own excretions and make use of them to help in asserting themselves against adults. Under the influence of its upbringing, the child's coprophilic instincts and inclinations gradually succumb to repression; it learns to keep them secret, to be ashamed of them and to feel disgust at their objects. Strictly speaking, however, the disgust never goes so far as to apply to a child's own excretions, but is content with repudiating them when they are the products of other people. The interest which has hitherto been attached to excrement is carried over on to other objects — for instance, from faeces on to money, which is, of course, late in acquiring

significance for children. Important constituents in the formation of character are developed, or strengthened, from the repression of coprophilic inclinations.

Psycho-analysis further shows that, to begin with, excremental and sexual instincts are not distinct from each other in children. The divorce between them only occurs later and it remains incomplete. Their original affinity, which is established by the anatomy of the human body, still makes itself felt in many ways in normal adults. Finally, it should not be forgotten that these developments can no more be expected to yield a perfect result than any others. Some portion of the old preferences persist, some part of the coprophilic inclinations continue to operate in later life and are expressed in the neuroses, perversions and bad habits of adults.

Folklore has adopted a quite different method of research, and yet it has reached the same results as psycho-analysis. It shows us how incompletely the repression of coprophilic inclinations has been carried out among various peoples at various times and how closely at other cultural levels the treatment of excretory substances approximates to that practised by children. It also demonstrates the persistent and indeed ineradicable nature of coprophilic interests, by displaying to our astonished gaze the multiplicity of applications in magical ritual, in tribal customs, in observances of religious cults and in the art of healing by which the old esteem for human excretions has found new expression. The connection, too, with sexual life seems to be fully preserved.

This expansion of our knowledge clearly involves no risk to our morality. The major part of what is known of the role played by excretions in human life has been brought together in J. G. Bourke's *Scatalogic Rites of All Nations*. To make it accessible to German readers is therefore not only a courageous but also a meritorious undertaking.

SHORTER WRITINGS
(1911–1913)

THE SIGNIFICANCE OF SEQUENCES OF VOWELS[1]
(1911)

Objections have no doubt often been raised to the assertion made by Stekel[2] that in dreams and associations names which have to be concealed seem to be replaced by others that resemble them only in containing the same sequence of vowels. A striking analogy is, however, provided from the history of religion. Among the ancient Hebrews the name of God was taboo; it might neither be spoken aloud nor written down. (This is far from being an isolated example of the special significance of names in archaic civilizations.[3]) This prohibition was so implicitly obeyed that to this very day the vocalization of the four consonants in God's name (יהוה [YHVH]) remains unknown. It was, however, pronounced 'Jehovah', being supplied with the vowels of the word 'Adonai' ('Lord'), against which there was no such prohibition. (Reinach, 1905 12, **1**, 1.)

[1] ['Die Bedeutung der Vokalfolge.' First published, with the signature 'Freud', under the rubric 'Varia', *Zbl psychoan.*, **2** (1911), 105; reprinted *G.S.*, **11** (1928), 301; *Neurosenlehre und Technik* (1931), 306; *G.W.*, **8** (1943), 348. The present translation, the first into English, is by James Strachey.]

[2] [This has not been traced.]

[3] [The taboo on names is discussed at length in the second essay in *Totem and Taboo* (1912–13), *Standard Ed.*, **13**, 54–7.]

'GREAT IS DIANA OF THE EPHESIANS'[1]

(1911)

THE ancient Greek city of Ephesus in Asia Minor, for the exploration of whose ruins, incidentally, our Austrian archaeology has to be thanked, was especially celebrated in antiquity for its splendid temple dedicated to Artemis (Diana). Ionic invaders—perhaps in the eighth century before Christ—conquered the city, which had long been inhabited by people of Asiatic race, and found in it the cult of an ancient mother-goddess who possibly bore the name of Oupis, and identified her with Artemis, a deity of their home land. The evidence of excavations shows that in the course of centuries several temples were erected on the same site in honour of the goddess. It was the fourth of these temples that was destroyed by a fire started by the crazy Herostratus in the year 356, during the night in which Alexander the Great was born. It was rebuilt, more magnificent than ever. With its concourse of priests, magicians and pilgrims, and with its shops in which amulets, mementoes and oblations were offered for sale, the commercial metropolis of Ephesus might be compared to a modern Lourdes.

In about A.D. 54, the apostle Paul spent several years at Ephesus. He preached, performed miracles, and found a large following among the people. He was persecuted and accused by the Jews; and he separated from them and founded an independent Christian community. In consequence of the spread of his doctrine, there was a falling-off in the trade of the goldsmiths, who used to make mementoes of the holy place—small figures of Artemis and models of the temple—for the faithful and the pilgrims who came from all over the world.[2]

[1] ["'Gross ist die Diana der Epheser.'"] First published, with the signature 'Freud', under the rubric 'Varia', *Zbl. psychoan.*, **2** (1911), 158; reprinted *G.W.*, **8** (1943), 360. The present translation, the first into English, is by James Strachey. The material (as is indicated by a note at the end of the German text) is derived from the section on Ephesus in F. Sartiaux, *Villes mortes d'Asie mineure*, Paris, 1911, 62–106.]

[2] See also Goethe's poem (*Sophienausgabe*, **2**, 195). [The poem, about an old goldsmith in Ephesus who works on undisturbed by events in the city streets, bears the same title as Freud's paper.]

Paul was much too strict a Jew to allow the old deity to survive under another name, to re-baptize her, as the Ionic conquerors had done with the goddess Oupis. So it was that the pious artisans and artists of the city became uneasy about their goddess as well as about their earnings. They revolted, and, with endlessly repeated cries of 'Great is Diana of the Ephesians', streamed through the main street, called 'Arcadian', to the theatre, where their leader, Demetrius, delivered an incendiary speech against the Jews and against Paul. The authorities succeeded with difficulty in quelling the tumult by the assurance that the majesty of the goddess was unassailable and out of reach of any attack.[1]

The church founded by Paul at Ephesus did not long remain faithful to him. It came under the influence of a man named John, whose personality has set the critics some hard problems. He may have been the author of the Apocalypse, which teems with invectives against the apostle Paul. Tradition identifies him with the apostle John, to whom the fourth gospel is attributed. According to that gospel, when Jesus was on the cross he called out to his favourite disciple, pointing to Mary: 'Behold thy mother.' And from that moment John took Mary to him. So when John went to Ephesus, Mary accompanied him. Accordingly, alongside of the church of the apostle in Ephesus, there was built the first basilica in honour of the new mother-goddess of the Christians. Its existence is attested as early as in the fourth century. Now once again the city had its great goddess, and, apart from her name, there was little change. The goldsmiths, too, recovered their work of making models of the temple and images of the goddess for the new pilgrims. The function of Artemis expressed by the attribute of *Κουροτρόφος*,[2] however, was handed over to a St. Artemidorus, who took on the care of women in labour.

Then came the conquest of the city by Islam, and finally its ruin and abandonment owing to the river on which it stood becoming choked with sand. But even then the great goddess of Ephesus had not abandoned her claims. In our own days she appeared as a saintly virgin to a pious German girl, Katharina Emmerich, at Dulmen.[3] She described to her her journey to

[1] *Acts*, xix.

[2] ['Rearer of boys.' The word is misspelt in the 1943 German reprint.]

[3] [A town in Westphalia.]

Ephesus, the furnishings of the house in which she had lived there and in which she had died, the shape of her bed, and so on. And both the house and the bed were in fact found, exactly as the virgin had described them, and they are once more the goal of the pilgrimages of the faithful.

PREFACE TO MAXIM STEINER'S *THE PSYCHICAL DISORDERS OF MALE POTENCY*[1]

(1913)

THE author of this little monograph, which deals with the pathology and treatment of psychical impotence in males, is one of the small band of physicians who early recognized the importance of psycho-analysis for their special branch of medicine and who have never since ceased to perfect themselves in its theory and technique. We are aware that only a small part of neurotic ailments—which we have now come to know as the outcome of disturbances of the sexual function—are dealt with in neuropathology itself. The greater number of them find a place among the disorders of the particular organ which is the victim of a neurotic disturbance. It is therefore expedient and proper that the treatment of these symptoms or syndromes should also be the business of the specialist, who is alone capable of making a differential diagnosis between a neurotic and an organic illness, who can draw the line, in the case of mixed forms, between their organic and neurotic elements, and who can in general give us information on the way in which the two factors in the disease mutually reinforce each other. But if 'nervous' organic diseases are not to fall into neglect as being mere appendages of the material disorders of the same organ—a neglect which, from their frequency and practical importance, they are far from meriting—the specialist, whether he is concerned with the stomach, the heart or the urogenitary system, must, in addition to his general medical knowledge and his specialized attainments, also be able to make use, for his own field of work, of the lines of approach, the discoveries and the techniques of the nerve specialist.

[1] [First published in M. Steiner's *Die psychischen Störungen der männlichen Potenz*, Leipzig and Vienna, 1913, iii + iv; reprinted *G.S.*, **11** (1928), 247, *Sexualtheorie und Traumlehre* (1931), 239, *G.W.*, **10** (1946), 451. The present translation, by James Strachey, appears to be the first into English.]

A great therapeutic advance will have been made when specialists no longer dismiss a patient suffering from a nervous ailment in an organ with a pronouncement such as: 'There's nothing wrong with you, it's simply nerves', or with the not much better further advice. 'Go to a nerve specialist; he'll order you a light course of cold-water treatment.' No doubt, too, we shall require the specialist in any organ to be capable of understanding and treating nervous disorders in his field, rather than expect the nerve-specialist to be trained into being a universal specialist in every organ in which neuroses produce symptoms. And it may accordingly be anticipated that only neuroses with mainly psychical symptoms will remain in the sphere of the nerve specialist.

We may hope, therefore, that the time is not far distant when it will be generally recognized that no sort of nervous disturbance can be understood and treated without the help of the line of approach and often of the technique of psycho-analysis. Such an assertion may sound to-day like a piece of presumptuous exaggeration, but I venture to prophesy that it is destined to become a platitude. It will, however, always be to the credit of the author of the present work that he has not waited for this to happen before admitting psycho-analysis as a treatment of the nervous ailments within his own specialized branch of medicine.

VIENNA, *March* 1913.

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[Titles of books and periodicals are in italics, titles of papers are in inverted commas. Abbreviations are in accordance with the *World List of Scientific Periodicals* (London, 1952). Further abbreviations used in this volume will be found in the List at the end of this bibliography. Numerals in thick type refer to volumes, ordinary numerals refer to pages. The figures in round brackets at the end of each entry indicate the page or pages of this volume on which the work in question is mentioned. In the case of the Freud entries, the letters attached to the dates of publication are in accordance with the corresponding entries in the complete bibliography of Freud's writings to be included in the last volume of the *Standard Edition*.

For non-technical authors, and for technical authors where no specific work is mentioned, see the General Index.]

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[*Trans.:* 'Introjection and Transference', *First Contributions to Psycho-Analysis*, London, 1952, Chap. II.]

(1913) 'Entwicklungsstufen des Wirklichkeitssinnes', *Int. Z. (ärztl.) Psychoanal.*, **1**, 124. (325)
[*Trans.:* 'Stages in the Development of the Sense of Reality', *First Contributions to Psycho-Analysis*, London, 1952, Chap. VIII.]

FREUD, S. (1888–9) Translation with Introduction and Notes of H. Bernheim's *De la suggestion et de ses applications à la thérapeutique*, Paris, 1886, under the title *Die Suggestion und ihre Heilwirkung*, Vienna. (172)
[*Trans.:* Introduction to Bernheim's *Die Suggestion und ihre Heilwirkung*, *C.P.*, **5**, 11; *Standard Ed.*, **1**.]

(1892–93*b*) 'Ein Fall von hypnotischer Heilung nebst Bemerkungen über die Entstehung hysterischer Symptome durch den "Gegenwillen" ', *G.S.*, **1**, 258; *G.W.*, **1**, 3. (172)
[*Trans.:* 'A Case of Successful Treatment by Hypnotism', *C.P.*, **5**, 33; *Standard Ed.*, **1**.]

(1894*a*) 'Die Abwehr-Neuropsychosen', *G.S.*, **1**, 290; *G.W.*, **1**, 59. (218)
[*Trans.:* 'The Neuro-Psychoses of Defence', *C.P.*, **1**, 59; *Standard Ed.*, **3**.]

(1895*d*) With BREUER, J., *Studien über Hysterie*, Vienna. *G.S.*, **1**, 3; *G.W.*, **1**, 77 (omitting Breuer's contributions). (4, 85, 137, 142, 159, 172, 207, 211, 231)
[*Trans.: Studies on Hysteria*, *Standard Ed.*, **2**. Including Breuer's contributions.]

(1896*a*) 'L'hérédité et l'étiologie des névroses' [in French], *G.S.*, **1**, 388; *G.W.*, **1**, 407. (241, 313)
[*Trans.:* 'Heredity and the Aetiology of the Neuroses', *C.P.*, **1**, 138; *Standard Ed.*, **3**.]

(1896*b*) 'Weitere Bemerkungen über die Abwehr-Neuropsychosen', *G.S.*, **1**, 363; *G.W.*, **1**, 379. (4, 313)
[*Trans.:* 'Further Remarks on the Neuro-Psychoses of Defence', *C.P.*, **1**, 155; *Standard Ed.*, **3**.]

(1898*a*) 'Die Sexualität in der Ätiologie der Neurosen', *G.S.*, **1**, 439, *G.W.*, **1**, 491. (172)
[*Trans.:* 'Sexuality in the Aetiology of the Neuroses', *C.P.*, **1**, 220; *Standard Ed.*, **3**.]

(1900*a*) *Die Traumdeutung*, Vienna. *G.S.*, **2–3**; *G.W.*, **2–3**. (38, 46, 52, 85, 93, 94, 95, 107, 162, 172, 178, 196, 211, 216, 218, 219, 221, 226, 271, 273, 274, 275, 276, 282, 292, 295, 299, 315)

[*Trans. The Interpretation of Dreams*, London and New York, 1955; *Standard Ed.*, **4–5**.]

(1901*b*) *Zur Psychopathologie des Alltagslebens*, Berlin, 1904. *G.S.*, **4**, 3; *G.W.*, **4**. (211)

[*Trans.: The Psychopathology of Everyday Life*, *Standard Ed.*, **6**.]

(1904*a*) 'Die Freud'sche psychoanalytische Methode', *G.S.*, **6**, 3, *G.W.*, **5**, 3. (85, 172)

[*Trans.*: 'Freud's Psycho-Analytic Procedure', *C.P.*, **1**, 264; *Standard Ed.*, **7**, 249.]

(1905*a*) 'Über Psychotherapie', *G S*, **6**, 11; *G.W.*, **5**, 13. (85, 123, 172, 229)

[*Trans.*: 'On Psychotherapy', *C.P.*, **1**, 249, *Standard Ed.*, **7**, 257.]

(1905*b*) 'Psychische Behandlung (Seelenbehandlung)', *G W*, **5**, 289. (172)

[*Trans.*: 'Psychical (or Mental) Treatment', *Standard Ed.*, **7**, 283.]

(1905*c*) *Der Witz und seine Beziehung zum Unbewussten*, Vienna. *G.S.*, **9**, 5; *G.W.*, **6**. (211, 218, 221)

[*Trans: Jokes and their Relation to the Unconscious*, *Standard Ed.*, **8**.]

(1905*d*) *Drei Abhandlungen zur Sexualtheorie*, Vienna *G.S.*, **5**, 3, *G W.*, **5**, 29. 60, 61 2, 65, 107, 211, 229, 242, 246, 247, 315 6; 323)

[*Trans: Three Essays on the Theory of Sexuality*, London, 1949; *Standard Ed.*, **7**, 125.]

(1905*e* [1901]) 'Bruchstuck einer Hysterie-Analyse', *G.S.*, **8**, 3; *G W.*, **5**, 163. (53, 85, 98, 133, 150, 172, 248)

[*Trans*. 'Fragment of an Analysis of a Case of Hysteria', *C.P.*, **3**, 13; *Standard Ed.*, **7**, 3.]

(1906*a*) 'Meine Ansichten über die Rolle der Sexualität in der Atiologie der Neurosen', *G.S.* **5**, 123; *G.W.*, **5**, 149. (229, 314, 317)

[*Trans.*: 'My Views on the Part played by Sexuality in the Aetiology of the Neuroses', *C.P.*, **1**, 272; *Standard Ed.*, **7**, 271.]

(1907*b*) 'Zwangshandlungen und Religionsübung', *G.S.*, **10**, 210; *G.W.*, **7**, 129. (82)

[*Trans.*: 'Obsessive Actions and Religious Practices', *C.P.*, **2**, 25; *Standard Ed.*, **9**.]

(1908*a*) 'Hysterische Phantasien und ihre Beziehung zur Bisexualität', *G.S.*, **5**, 246; *G.W.*, **7**, 191 (222, 242)

[*Trans.*: 'Hysterical Phantasies and their Relation to Bisexuality', *C.P.*, **2**, 51; *Standard Ed.*, **9**.]

(1908*b*) 'Charakter und Analerotik', *G.S.*, **5**, 261, *G W*, **7**, 203. (187, 188, 277, 323)

[*Trans.*: 'Character and Anal Erotism', *C.P.*, **2**, 45; *Standard Ed.*, **9**.]

(1908*c*) 'Über infantile Sexualtheorien', *G.S*, **5**, 168; *G.W.*, **7**, 171. (61, 242, 277)

[*Trans.*: 'On the Sexual Theories of Children', *C.P.*, **2**, 59; *Standard Ed.*, **9**.]

FREUD, S. (*contd.*)

(1908*d*) 'Die "kulturelle" Sexualmoral und die moderne Nervosität', *G.S.*, **5**, 143; *G.W.*, **7**, 143. (229, 242)
[*Trans.*: '"Civilized" Sexual Morality and Modern Nervous Illness', *C.P.*, **2**, 76; *Standard Ed.*, **9**.]

(1908*e* [1907]) 'Der Dichter und das Phantasieren', *G.S.*, **10**, 229; *G.W.*, **7**, 213. (222, 224)
[*Trans.*: 'Creative Writers and Day-Dreaming', *C.P.*, **4**, 173; *Standard Ed.*, **9**.]

(1909*a*) 'Allgemeines uber den hysterischen Anfall', *G.S.*, **5**, 255; *G.W.*, **7**, 235. (133, 218, 254)
[*Trans.*: 'Some General Remarks on Hysterical Attacks', *C.P.*, **2**, 100; *Standard Ed.*, **9**.]

(1909*b*) 'Analyse der Phobie eines fünfjährigen Knaben', *G.S.*, **8**, 129; *G.W.*, **7**, 243. (27, 55, 85, 111–12, 142–3, 152, 242)
[*Trans.*: 'Analysis of a Phobia in a Five-Year-Old Boy', *C.P.*, **3**, 149; *Standard Ed.*, **10**, 3.]

(1909*d*) 'Bemerkungen über einen Fall von Zwangsneurose', *G.S.*, **8**, 269; *G.W.*, **7**, 381. (55, 58, 77, 85, 107, 113, 152, 242, 324)
[*Trans.*: 'Notes upon a Case of Obsessional Neurosis', *C.P.*, **3**, 293; *Standard Ed.*, **10**, 155.]

(1910*a* [1909]) *Über Psychoanalyse*, Vienna. *G.S.*, **4**, 349, *G.W.*, **8**, 3. (107, 116, 211)
[*Trans.*: 'Five Lectures on Psycho-Analysis', *Amer. J. Psychol.*, **21**, (1910), 181; *Standard Ed.*, **11**, 3.]

(1910*c*) *Eine Kindheitserinnerung des Leonardo da Vinci*, Vienna. *G.S.*, **9**, 371; *G.W.*, **8**, 128. (60)
[*Trans.*: *Leonardo da Vinci and a Memory of His Childhood*, *Standard Ed.*, **11**, 59.]

(1910*d*) 'Die zukunftigen Chancen der psychoanalytischen Therapie', *G.S.*, **6**, 25; *G.W.*, **8**, 104. (85–6, 87, 160–1, 172)
[*Trans.*: 'The Future Prospects of Psycho-Analytic Therapy', *C.P.*, **2**, 285; *Standard Ed.*, **11**, 141.]

(1910*f*) Letter to Dr. Friedrich S. Krauss on *Anthropophyteia*, *G.S.*, **11**, 242; *G.W.*, **8**, 224. (179, 334)
[*Trans.*: *Standard Ed.*, **11**, 233.]

(1910*g*) 'Zur Selbstmord-Diskussion', *G.S.*, **3**, 321; *G.W.*, **8**, 62. (178, 241)
[*Trans.*: 'Contributions to a Discussion on Suicide', *Standard Ed.*, **11**, 231.]

(1910*k*) 'Über "wilde" Psychoanalyse', *G.S.*, **6**, 37; *G.W.*, **8**, 118. (86, 140, 142–3, 172)
[*Trans.*: '"Wild" Psycho-Analysis', *C.P.*, **2**, 297, *Standard Ed.*, **11**, 221.]

(1911*b*) 'Formulierungen über die zwei Prinzipien des psychischen Geschehens', *G.S.*, **5**, 409; *G.W.*, **8**, 230. (5, 232, 258, 315)
[*Trans.*: 'Formulations on the Two Principles of Mental Functioning', *C.P.*, **4**, 13; *Standard Ed.*, **12**, 215.]

(1911*c*) 'Psychoanalytische Bemerkungen über einen autobiographisch beschriebenen Fall von Paranoia (Dementia Paranoides)', *G.S.*, **8**, 355; *G.W.*, **8**, 240. (194, 215, 230, 248, 258, 315, 319, 321)
[*Trans.*: 'Psycho-Analytic Notes on an Autobiographical Account of a Case of Paranoia (Dementia Paranoides)', *C.P.*, **3**, 387; *Standard Ed.*, **12**, 3.]

(1911*d*) 'Die Bedeutung der Vokalfolge', *G.S.*, **11**, 301, *G.W.*, **8**, 348.
[*Trans.*: 'The Significance of Vowel Sequences', *Standard Ed.*, **12**, 341.]

(1911*e*) 'Die Handhabung der Traumdeutung in der Psychoanalyse', *G.S.*, **6**, 45; *G.W.*, **8**, 350. (85–8, 123, 172)
[*Trans.*: 'The Handling of Dream-Interpretation in Psycho-Analysis', *C.P.*, **2**, 305; *Standard Ed.*, **12**, 91.]

(1911*f*) ' "Gross ist die Diana der Epheser" ' (abstract from F. Sartiaux's *Villes mortes d'Asie mineure*), *G.W.*, **8**, 360.
[*Trans.*: ' "Great is Diana of the Ephesians" ', *Standard Ed.*, **12**, 342.]

(1912*a*) 'Nachtrag zu dem autobiographisch beschriebenen Fall von Paranoia (Dementia Paranoides)', *G.S.*, **8**, 432, *G.W.*, **8**, 317. (3–4, 5, 54)
[*Trans.*: 'Postscript to the Case of Paranoia', *C.P.*, **3**, 467; *Standard Ed.*, **12**, 80.]

(1912*b*) 'Zur Dynamik der Übertragung', *G.S.*, **6**, 53, *G.W.*, **8**, 364. (85–8, 123, 138, 161, 172, 230, 238)
[*Trans.*: 'The Dynamics of Transference', *C.P.*, **2**, 312; *Standard Ed.*, **12**, 99.]

(1912*c*) 'Über neurotische Erkrankungstypen', *G.S.*, **5**, 400; *G.W.*, **8**, 322. (5, 62, 103)
[*Trans.*: 'Types of Onset of Neurosis', *C.P.*, **2**, 113, *Standard Ed.*, **12**, 229]

(1912*d*) 'Über die allgemeinste Erniedrigung des Liebeslebens', *G.S.*, **5**, 198; *G.W.*, **8**, 78. (230)
[*Trans.*: 'On the Universal Tendency to Debasement in the Sphere of Love', *C.P.*, **4**, 203; *Standard Ed.*, **11**, 179.]

(1912*e*) 'Ratschläge für den Arzt bei der psychoanalytischen Behandlung', *G.S.*, **6**, 64; *G.W.*, **8**, 376. (85–8, 123, 172)
[*Trans.*: 'Recommendations to Physicians Practising Psycho-Analysis', *C.P.*, **2**, 323; *Standard Ed.*, **12**.]

(1912*f*) 'Zur Onanie-Diskussion', *G.S.*, **3**, 324; *G.W.*, **8**, 332.
[*Trans.*: 'Contributions to a Discussion on Masturbation', *Standard Ed.*, **12**.]

(1912*g*) 'A Note on the Unconscious in Psycho-Analysis' [in English], *C.P.*, **4**, 22; *Standard Ed.*, **12**.
[*German Trans.* (by Hanns Sachs): 'Einige Bemerkungen über den Begriff des Unbewussten in der Psychoanalyse', *G.S.*, **5**, 433; *G.W.*, **8**, 430.]

(1912–13) *Totem und Tabu*, Vienna, 1913 *G.S.*, **10**, 3; *G.W.*, **9**. (81, 98, 341)

FREUD, S. (*contd.*)

[*Trans.: Totem and Taboo*, London, 1950; New York, 1952; *Standard Ed.*, **13**, 1]

(1913*a*) 'Ein Traum als Beweismittel', *G.S.*, **3**, 267; *G.W.*, **10**, 12.

[*Trans.*: 'An Evidential Dream', *C.P.*, **2**, 133; *Standard Ed.*, **12**, 269.]

(1913*b*) Introduction to Pfister's *Die psychanalytische Methode*, *G.S.*, **11**, 224; *G.W.*, **10**, 448. (88)

[*Trans.: Standard Ed.*, **12**, 329.]

(1913*c*) 'Weitere Ratschläge zur Technik der Psychoanalyse: I. Zur Einleitung der Behandlung', *G.S.*, **6**, 84, *G.W.*, **8**, 454. (76, 85–8, 95, 96, 102, 107, 172)

[*Trans.*: 'On Beginning the Treatment (Further Recommendations on the Technique of Psycho-Analysis, I)', *C.P.*, **2**, 342, *Standard Ed.*, **12**, 123.]

(1913*d*) 'Märchenstoffe in Träumen', *G.S.*, **3**, 259; *G.W.*, **10**, 2.

[*Trans.*: 'The Occurrence in Dreams of Material from Fairy Tales', *C.P.*, **4**, 236; *Standard Ed.*, **12**, 281.]

(1913*e*) Preface to Steiner's *Die psychischen Störungen der männlichen Potenz*, *G.S.*, **11**, 247; *G.W.*, **10**, 451.

[*Trans.: Standard Ed.*, **12**, 345.]

(1913*f*) 'Das Motiv der Kästchenwahl', *G.S.*, **10**, 243, *G.W.*, **10**, 244.

[*Trans.*: 'The Theme of the Three Caskets', *C.P.*, **4**, 244; *Standard Ed.*, **12**, 291.]

(1913*g*) 'Zwei Kinderlügen', *G.S.*, **5**, 238; *G.W.*, **8**, 422.

[*Trans.*: 'Two Lies Told by Children', *C.P.*, **2**, 144; *Standard Ed.*, **12**, 305.]

(1913*i*) 'Die Disposition zur Zwangsneurose', *G.S.*, **5**, 277; *G.W.*, **8**, 442. (4, 5, 49, 62, 72, 76, 78, 225, 231)

[*Trans.*: 'The Disposition to Obsessional Neurosis', *C.P.*, **2**, 122; *Standard Ed.*, **12**, 313.]

(1913*k*) Geleitwort zu J. B. Bourke, *Der Unrat in Sitte, Brauch, Glauben und Gewohnheitsrecht der Völker*, *G.S.*, **11**, 249; *G.W.*, **10**, 453. (179)

[*Trans.*: 'Preface to J. G. Bourke's *Scatalogic Rites of all Nations*', *C.P.*, **5**, 88; *Standard Ed.*, **12**, 335.]

(1913*m* [1911]) 'On Psycho-Analysis' [in English], *Aust. med. Congr.* (Transactions of the Ninth Session, held in Sydney, New South Wales, Sept. 1911), **2**, Part 8, 839, *Standard Ed.*, **12**, 207

(1914*a*) 'Über fausse reconnaissance ("déjà raconté", während der psychoanalytischen Arbeit', *G.S.*, **6**, 76; *G.W.*, **10**, 116. (113, 172)

[*Trans.*: 'Fausse Reconnaissance ("déjà raconté") in Psycho-Analytical Treatment', *C.P.*, **2**, 334, *Standard Ed.*, **13**, 201.]

(1914*c*) 'Zur Einführung des Narzissmus', *G.S.*, **6**, 155; *G.W.*, **10**, 138. (5, 60, 61, 69, 71, 72, 74, 75, 76, 102, 248, 321)

[*Trans.*: 'On Narcissism: an Introduction', *C.P.*, **4**, 30; *Standard Ed.*, **14**, 69.]

(1914*d*) 'Zur Geschichte der psychoanalytischen Bewegung', *G.S.*, **4**, 411; *G.W.*, **10**, 44. (116, 159, 274, 335)
[*Trans.*: 'On the History of the Psycho-Analytic Movement', *C.P.*, **1**, 287; *Standard Ed.*, **14**, 3.]

(1914*g*) 'Weitere Ratschläge zur Technik der Psychoanalyse: II. Erinnern, Wiederholen und Durcharbeiten', *G.S.*, **6**, 109; *G.W.*, **10**, 126. (85–8, 108, 172)
[*Trans.*: 'Recollecting, Repeating and Working Through (Further Recommendations on the Technique of Psycho-Analysis, II)', *C.P.*, **2**, 366, *Standard Ed.*, **12**, 147.]

(1915*a*) 'Weitere Ratschläge zur Technik der Psychoanalyse: III. Bemerkungen über die Übertragungsliebe', *G.S.*, **6**, 120, *G.W.*, **10**, 306. (85–8, 172)
[*Trans.*: 'Observations on Transference-Love (Further Recommendations on the Technique of Psycho-Analysis, III)', *C.P.*, **2**, 377; *Standard Ed.*, **12**, 159.]

(1915*c*) 'Triebe und Triebschicksale', *G.S.*, **5**, 443; *G.W.*, **10**, 210. (5, 74, 107, 223, 325)
[*Trans.*: 'Instincts and their Vicissitudes', *C.P.*, **4**, 60; *Standard Ed.*, **14**, 111.]

(1915*d*) 'Die Verdrängung', *G.S.*, **5**, 466; *G.W.*, **10**, 248. (5, 67)
[*Trans.*: 'Repression', *C.P.*, **4**, 84, *Standard Ed.*, **14**, 143.]

(1915*e*) 'Das Unbewusste', *G.S.*, **5**, 480, *G.W.*, **10**, 264. (8, 71, 130, 142–3, 220, 221, 258, 320)
[*Trans.*: 'The Unconscious', *C.P.*, **4**, 98; *Standard Ed.*, **14**, 161.]

(1915*f*) 'Mitteilung eines der psychoanalytischen Theorie widersprechenden Falles von Paranoia', *G.S.*, **5**, 288; *G.W.*, **10**, 234. (5, 156)
[*Trans.*: 'A Case of Paranoia Running Counter to the Psycho-Analytic Theory of the Disease', *C.P.*, **2**, 150, *Standard Ed.*, **14**, 263.]

(1916*d*) 'Einige Charaktertypen aus der psychoanalytischen Arbeit', *G.S.*, **10**, 287, *G.W.*, **10**, 364. (230)
[*Trans.*: 'Some Character-Types Met with in Psycho-Analytic Work', *C.P.*, **4**, 318; *Standard Ed.*, **14**, 311.]

(1916–17) *Vorlesungen zur Einführung in die Psychoanalyse*, Vienna. *G.S.*, **7**, *G.W.*, **11**. (23, 76, 86, 102, 144, 149, 154, 173, 224, 225, 230, 275, 317)
[*Trans.*: *Introductory Lectures on Psycho-Analysis*, revised ed., London, 1929 (*A General Introduction to Psychoanalysis*, New York, 1935); *Standard Ed.*, **15–16**.]

(1917*d* [1915]) 'Metapsychologische Ergänzung zur Traumlehre', *G.S.*, **5**, 520; *G.W.*, **10**, 412. (71, 216)
[*Trans.*: 'A Metapsychological Supplement to the Theory of Dreams', *C.P.*, **4**, 137, *Standard Ed.*, **14**, 219.]

(1918*b* [1914]) 'Aus der Geschichte einer infantilen Neurose', *G.S.*, **8**, 439, *G.W.*, **12**, 29–86, 149, 230, 280, 283–7)
[*Trans.*: 'From the History of an Infantile Neurosis', *C.P.*, **3**, 473; *Standard Ed.*, **17**, 3.]

FREUD, S. (*contd.*)

(1919*a* [1918]) 'Wege der psychoanalytischen Therapie', *G.S.*, **6**, 136; *G.W.*, **12**, 183. (86, 165, 173)
[*Trans.:* 'Lines of Advance in Psycho-Analytic Therapy', *C.P.*, **2**, 392; *Standard Ed.*, **17**, 159.]

(1919*e*) ' "Ein Kind wird geschlagen" ', *G.S.*, **5**, 344; *G.W.*, **12**, 197. (246)
[*Trans.:* ' "A Child is Being Beaten" ', *C.P.*, **2**, 172; *Standard Ed.*, **17**, 177.]

(1919*h*) 'Das Unheimliche', *G S*, **10**, 369; *G W.*, **12**, 229. (150)
[*Trans.:* 'The "Uncanny" ', *C.P.*, **4**, 368; *Standard Ed.*, **17**, 219.]

(1920*a*) 'Über die Psychogenese eines Falles von weiblicher Homosexualität', *G.S.*, **5**, 312; *G.W*, **12**, 271. (272)
[*Trans*. 'The Psychogenesis of a Case of Female Homosexuality', *C.P.*, **2**, 202; *Standard Ed.*, **18**, 147.]

(1920*g*) *Jenseits des Lustprinzips*, Vienna. *G.S.*, **6**, 191, *G W*, **13**, 3. (150, 173)
[*Trans.. Beyond the Pleasure Principle*, London, 1950; *Standard Ed.*, **18**, 3.]

(1921*c*) *Massenpsychologie und Ich-Analyse*, Vienna. *G.S.*, **6**, 261; *G.W.*, **13**, 73. (138, 293)
[*Trans . Group Psychology and the Analysis of the Ego*, London, 1922; New York, 1940; *Standard Ed.*, **18**, 67.]

(1922*a*) 'Traum und Telepathie', *G.S.*, **3**, 278; *G.W.*, **13**, 165. (295)
[*Trans.:* 'Dreams and Telepathy', *C.P*, **4**, 408; *Standard Ed.*, **18**, 197.]

(1922*b*) 'Über einige neurotische Mechanismen bei Eifersucht, Paranoia und Homosexualität', *G.S.*, **5**, 387, *G.W.*, **13**, 195. (5)
[*Trans.:* 'Some Neurotic Mechanisms in Jealousy, Paranoia and Homosexuality', *C.P.*, **2**, 232; *Standard Ed*, **18**, 223]

(1923*a*) ' "Psychoanalyse" und "Libido Theorie" ', *G.S.*, **11**, 201; *G.W.*, **13**, 211. (111 12, 275)
[*Trans.:* 'Two Encyclopaedia Artucles', *C.P.*, **5**, 107; *Standard Ed.*, **18**, 235.]

(1923*b*) *Das Ich und das Es*, Vienna. *G S.*, 6, 353, *G.W.*, **13**, 237. (258–9, 323)
[*Trans.: The Ego and the Id*, London, 1927; *Standard Ed.*, **19**.]

(1923*c*) 'Bemerkungen zur Theorie und Praxis der Traumdeutung', *G.S.*, **3**, 305; *G.W.*, **13**, 301. (86, 90, 96, 173)
[*Trans :* 'Remarks on the Theory and Practice of Dream-Interpretation', *C P.*, **5**, 136, *Standard Ed.*, **19**.]

(1923*d*) 'Eine Teufelsneurose im siebzehnten Jahrhundert', *G.S*, **10**, 409; *G.W.*, **13**, 317. (5)
[*Trans :* 'A Seventeenth Century Demonological Neurosis', *C.P.*, **4**, 436; *Standard Ed.*, **19**.]

(1923*e*) 'Die infantile Genitalorganisation', *G.S*, **5**, 232, *G.W.*, **13**, 293. (316)

[*Trans.*: 'The Infantile Genital Organization of the Libido', *C.P.*, **2**, 244; *Standard Ed.*, **19**.]

(1925*h*) 'Die Verneinung', *G.S.*, **11**, 3; *G.W.*, **14**, 11. (221)

[*Trans.* 'Negation', *C.P.*, **5**, 181, *Standard Ed.*, **19**.]

(1925*i*) 'Einige Nachträge zum Ganzen der Traumdeutung', *G.S.*, **3**, 172; *G.W.*, **1**, 561. (93)

[*Trans.*: 'Some Additional Notes upon Dream-Interpretation as a Whole', *C.P.*, **5**, 150; *Standard Ed.*, **19**.]

(1925*j*) 'Einige psychische Folgen des anatomischen Geschlechtsunterschieds', *G.S.*, **11**, 8; *G.W.*, **14**, 19. (247)

[*Trans.*: 'Some Psychological Consequences of the Anatomical Distinction between the Sexes', *C.P.*, **5**, 186; *Standard Ed.*, **19**.]

(1926*d*) *Hemmung, Symptom und Angst*, Vienna. *G.S.*, **11**, 23, *G.W.*, **14**, 113. (144, 156)

[*Trans.*: *Inhibitions, Symptoms and Anxiety*, London, 1936 (*The Problem of Anxiety*, New York, 1936). *Standard Ed.*, **20**.]

(1926*e*) *Die Frage der Laienanalyse*, Vienna. *G.S.*, **11**, 307, *G.W.*, **14**, 209. (88, 173, 328)

[*Trans.*: *The Question of Lay Analysis*, London, 1947; *Standard Ed.*, 205; **20**.]

(1927*a*) 'Nachwort zur "Frage der Laienanalyse"', *G.S.*, **11**, 385; *G.W.*, **14**, 287. (88)

[*Trans.*: 'Postscript to The Question of Lay Analysis', *C.P.*, **5**, *Standard Ed.*, **20**.]

(1928*b*) 'Dostojewski und die Vatertötung', *G.S.*, **12**, 7; *G.W.*, **14**, 399. (254).

[*Trans.*: 'Dostoevsky and Parricide', *C.P.*, **5**, 222; *Standard Ed.*, **21**.]

(1931*b*) 'Über die weibliche Sexualität', *G.S.*, **12**, 120; *G.W.*, **14**, 517. (247)

[*Trans.*: 'Female Sexuality', *C.P.*, **5**, 252; *Standard Ed.*, **21**.]

(1933*a*, *Neue Folge der Vorlesungen zur Einführung in die Psychoanalyse*, Vienna. *G.S.*, **12**, 151; *G.W.*, **15**, 207. (173, 247, 258–9, 276)

[*Trans.*: *New Introductory Lectures on Psycho-Analysis*, London and New York, 1933; *Standard Ed.*, **22**.]

(1936*a*) Letter to Romain Rolland 'Eine Erinnerungsstörung auf der Akropolis', *G.W.*, **16**, 250. (230)

[*Trans.*: 'A Disturbance of Memory on the Acropolis', *C.P.*, **5**, 302; *Standard Ed.*, **22**.]

(1937*c*) 'Die endliche und die unendliche Analyse', *G.W.*, **16**, 59 (86–7, 87–8, 98, 117, 156, 173)

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GENERAL INDEX

This index includes the names of non-technical authors. It also includes the names of technical authors where no reference is made in the text to specific works. For references to specific technical works, the Bibliography should be consulted. The compilation of the index was undertaken by Alix Strachey.

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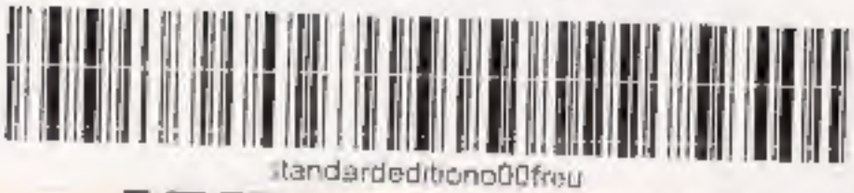

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